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ABSTRACT

Although informal care provided by relatives, friends, and neighbors is the oldest and most widespread form of child care, it received little attention from researchers or policymakers until the late 1980s. This report summarizes what available research says about informal child care and identifies significant gaps in knowledge. Information was obtained through published articles and reviews, research reports, and other literature. The report focuses on trends in the use of informal child care, characteristics of families using informal care, reasons for informal care use, costs of informal child care, descriptions of informal child care providers and their experiences, and the experiences of children and parents using informal child care. The report concludes by noting that a good deal is known about some aspects of informal child care providers, including the portion of the child care market they represent, the types of families using them and why, caregiver characteristics, and their reasons for providing child care. Fragmentary information is available on the relationships among providers and the parents and children they serve, the quality of the child care experience, and the kinds of help and information these providers might want and need. It seems likely that researchers will be unable to achieve a much more precise understanding of the issues involved, primarily because these child care providers are largely hidden and not anxious to participate in research studies. The final section contains abstracts of the 27 research reports on informal child care used for this report. Three appendices include a glossary, a discussion of methodological issues, and a listing of additional resources. (Contains 43 references.) (KB)

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KITH and KIN—INFORMAL CARE: Highlights from Recent Research

by Melanie Brown-Lyons, Anne Robertson,
and Jean Layzer of Abt Associates Inc.

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National Center for Children in Poverty

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The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that prevent child poverty in the United States and that improve the lives of low-income children and their families. NCCP places a special emphasis on preventing or alleviating poverty among children under age six because young child poverty poses particularly serious risks to children's healthy growth and development.

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INTRODUCTION

Over the last four decades, the steady movement of women with young children into the labor force has been accompanied by vastly increased use of out-of-home care arrangements for the young children of these working parents. While many children receive care in licensed child care centers, preschools, or licensed family child care homes, a good deal of child care takes place in settings that are, for the most part, not regulated. This type of child care is referred to as "informal" or "kith and kin" care. These terms, which are often used interchangeably, include care provided by grandmothers, aunts, and other relatives of the child, as well as care by friends and neighbors. These caregivers may or may not be legally exempt from state licensing requirements, depending on the state and the specific circumstances.[1]

Although this may be the oldest and most widespread form of child care, kith and kin child care received very little attention from either researchers or policymakers until the late 1980s, when states were required to allow the use of federal subsidies for all legal forms of child care, rather than restrict their use to licensed providers. For child care advocates, the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 raised concerns that moving large numbers of parents from dependence on cash assistance into the workforce would result in an increase in the proportion of subsidies paid to informal caregivers (Collins and Carlson, 1998). The absence of a body of research on this type of care made it difficult to assess the likely consequences for parents (in terms of their ability to obtain and hold onto jobs) and for children's well-being.

The purpose of this document is to summarize what the available research tells us about informal child care,[2] and to identify significant gaps in knowledge. Published articles and reviews, research reports, and other literature were examined to provide answers to the following questions:

- What proportion of children are in informal child care and what have been the trends in usage over time?
- What are the characteristics of families that use informal child care?
- Why do families use informal child care?
- What are the costs of informal child care?
- Who provides informal child care and what are their experiences?
- What are the experiences of children and parents who use informal child care?

Abstracts of each of the reviewed reports follow this synthesis.

Proportion of Children Using Informal Child Care and Trends Over Time

In recent years, several large data collection efforts have provided insight into the types of child care arrangements families use for their children. One of the few studies that collected information on child care usage after passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was the Urban Institute's National Survey of America's Families (NSAF). This study found that, in 1997, 76 percent of children under age five with employed mothers regularly used a nonparental child care arrangement. A significant proportion of these children used some type of informal child care provider for their primary child care arrangement. While only a small proportion used in-home care (8 percent), approximately 30 percent used relative care. As is the case with most child care consumer surveys, the NSAF did not present data on the regulatory status of family child care homes used by families in its study. However, it did report that 21 percent of the children were in some type of family child care home (Capizzano et al., 2000). Assuming that approximately three-quarters of children in family child care are in homes that are not regulated or registered (Kontos et al., 1995), then over half of these children were using informal care. All totaled, nearly half of children with employed mothers in nonparental arrangements were using informal child care.

A comparison of the NSAF findings with the findings from several national surveys conducted earlier in the decade reveals that there was little change over a seven-year period in the pattern of child care usage.[5] There was, if anything, a slight reduction in the proportion of children in family child care and a corresponding small increase in the proportions of children in center and relative care (see Table 1). Looking back farther to the period 1965–1985 (see Table 2), it is clear that, over a 30-year period, the use of center care climbed dramatically from 9 percent of children in 1965, to 32 percent 20 years later, and to more than 50 percent in 1985. (The NSAF shows a small drop in the use of center care by 1997.) After a sharp drop between 1965 and 1977 in the proportion of children who received care in their own homes, use of this type of care has held steady at between 4 percent and 9 percent. Use of family child care was the same in 1995 as it was in 1965, although there was some fluctuation over the intervening period. The use of relative care has declined substantially over the 30-year period.

Nationally, these changes reflect a complex array of social, cultural, and economic changes. As more and more occupations have opened up to women, the number of female relatives able and willing to care for children has grown smaller. An increased emphasis on the importance of early learning and the example of Head Start may have persuaded more parents to use center care for their preschool-age children.

In addition to temporal changes in the patterns of child care usage, there is significant variation across states in the types of child care used. Data from the NSAF show that the percentage of young children in relative care ranges from 18 percent in Minnesota to 39 percent in California, while in-home care usage ranges from 2 percent in Mississippi to 16 percent in New York (Capizzano et al., 2000). Several other studies have shown that relative and in-home care arrangements are more common in the Northeast, while center-based care is most commonly used in the South (Capizzano et al., 2000; Casper, 1997; Fuller et al., 2000). Explanations offered for these differences include differences in the demographic make-up of states, family values, economic conditions, and the availability of regulated facilities, as well as differences in state subsidy policies and child care regulations.

Even within states, some research suggests that there are differences in child care usage patterns across different types of communities. For example, Atkinson (1994), Hofferth et al. (1991), and Siegel and Loman (1991), found that rural families were more likely than families living in metropolitan areas to use relative care and far less likely to use center-based care. This may reflect the absence of centers and family child care homes in some rural localities, as well as the differences in community demographics and values concerning child care. By contrast, Casper (1997) did not find significant differences in use of relative or center-based care between families living in rural versus inner-city neighborhoods, although differences were found in their use of in-home and family child care; inner-city families were also more likely to use unregulated in-home care providers and less likely to use family child care homes.

TABLE 1
Type of Nonparental Child Care Used by Children Under Age Five[4] (1990–1997)

	1990 National Child Care Survey (NCCS)[5]	1994 Survey of Income and Program Participation (SIPP)[6]	1995 National Household Education Survey (NHES)[7]	1997 National Survey of America's Families (NSAF)
Relative Care	27%	33%	35%	30%
In-home Care	4%	7%	7%	8%
Family Child Care[8]	28%	20%	23%	21%
Center Care	39%	39%	52%	42%
Other Care[9]	3%	1%		

TABLE 2
Type of Nonparental Child Care Used by Children Under Age Five (1965–1985)

	1965[10]	1977[11]	1982	1985
Relative Care	47%	42%	41%	32%
In-home Care	21%	9%	8%	6%
Family Child Care[12]	23%	31%	31%	29%
Center Care	9%	18%	20%	32%

Characteristics of Families Using Informal Child Care

The proportion of families that use informal child care arrangements for their children varies considerably across demographic groups. Empirical data suggest that use of informal child care is related to the educational level of parents, household income, employment status, work schedule, receipt of public assistance, household composition, and ethnicity.

As both education and household income increase, parents are more likely to rely on regulated child care settings.[13] Less educated mothers and lower-income families are more likely to rely on informal child care arrangements with relatives and unregulated family child care providers (Capizzano et al., 2000; Casper, 1997; Emlen et al., 1999; Folk, 1994; Galinsky et al., 1994; Hofferth et al., 1991; West et al., 1996). Receipt of AFDC benefits was associated with greater use of informal child care arrangements in a national survey and several state studies (Casper 1997; Bowen and Neenan, 1993; Gilbert et al., 1992; Piecyk et al., 1999; Siegel and Loman, 1991).

Larger families are more likely to use relative or in-home care arrangements than families with only one or two children (Hofferth et al., 1991; Piecyk et al., 1999; Siegel and Loman, 1991). Like low-income families, families with several children are likely to consider the greater affordability of informal care a major factor in their child care decisions.

Mother's work schedules influence their choice of child care setting. Mothers employed part-time are more likely than mothers employed full-time to rely on a relative to care for children under age five (Caruso, 1992; Casper, 1997; Folk and Beller, 1993; Hofferth et al., 1991; West et al., 1996). Mothers who work evening or night shifts are more likely than mothers who work day shifts to rely primarily on informal care arrangements (Bowen and Neenan, 1993; Casper, 1997).

The use of informal care providers differs across ethnic groups. For Hispanic families, care by a relative is the type of care most often used, and the proportion who use this type of care is greater than for any other ethnic group. Black families are more likely to use relative care than white families, although studies suggest that they are either more likely or just as likely to use center care as they are to use care by relatives. White families are more likely than families in other ethnic groups to use both regulated and nonregulated family child care. However, among children who use family child care, white children are more likely to use regulated homes, while black children are just as likely and Hispanic children are more likely to use unregulated homes. While similar small proportions of white and Hispanic preschoolers use in-home care, this type of care is used by a much smaller percentage of black families (Casper, 1997; Folk, 1994; Galinsky et al., 1994; Hofferth et al., 1991; West et al., 1996).

Why Families Use Informal Child Care

While some researchers have used demographic or other data to generate explanations for the differences in child care usage patterns, others have asked parents directly about their child care decisions. This research suggests that parents base their child care decisions on a variety of considerations and that their choices reflect tradeoffs between the perceived needs of the child and parental and family needs, as well as the constraints of the child care options that are available to them. Factors that may influence child care decisions include parental values and views of quality child care, as well as various constraints that may prevent parents from using the type of child care they prefer.

Parental Values

Many families who use informal care do so because they prefer to rely on relatives and other providers whom they personally know and trust (Galinsky et al., 1994; Hofferth et al., 1991; Zinsser, 1991). These choices reflect deeply held beliefs about the importance of arrangements that resemble parental care, as well as efforts to maintain strong family or community bonds and to seek out providers who hold similar cultural or religious beliefs, share their views about life and child rearing, or are similar to them in other ways (Fosburg, 1981 in Hayes et al., 1990; Fuller et al., 1996; Galinsky et al., 1994; Smith, 1991; Waite et al., 1988; Zinsser, 1991). For many parents, these qualities are seen as essential elements of quality care.

Parents' Views of Quality

The research suggests that, regardless of the type of child care used, most parents care about the quality of their child care arrangement. However, their definitions of what constitutes quality vary, as do their perceptions of what different types of care have to offer (Galinsky et al., 1994; Hofferth et al., 1991; Siegel and Loman, 1991). In addition to placing a greater emphasis on opportunities for cognitive and social development, families who use regulated child care providers tend to stress the benefits of professional standards, while informal child care users are more likely to emphasize the familiarity of their providers. For example, regardless of type of care used, safety considerations play a key role in the choice of a provider. However, for parents who use informal care, safety is assured by individuals they personally know and trust, while parents who use regulated care believe that there is safety in a structured, monitored environment with trained staff (Butler et al., 1991; Galinsky et al., 1994; Hofferth et al., 1991; Kuhlthau et al., 1996; Siegel and Loman, 1991; Smith, 1991). Although state licensing requirements include a variety of health and safety measures, many parents do not believe that there are real differences between licensed and unlicensed providers, and some are simply not sure about what is involved in child care licensing (Siegel and Loman, 1991). When Galinsky et al. (1994) asked parents to rate the factors essential to quality child care, regulatory status was often ranked near the bottom of the list.

In addition to safety considerations, reliance on relatives, friends, and neighbors for care often reflects an attempt to maintain some stability and familiarity for children whose lives may be disrupted by employment requirements. Parents who believe their employment poses risks to their child's development tend to choose informal arrangements with relatives or in-home care providers. Parents who believe that their employment poses little risk to their child and that their child will do well when they are away choose to begin child care in infancy and are more likely to use formal child care arrangements, such as care within regulated centers and family child care homes (Peth-Pierce, 1998). In making a judgment about the quality of the child care provider, families that use informal care are more likely to rely on their own knowledge of the provider or a recommendation from someone they trust. Mothers who use licensed care are more likely to rely on objective information about the provider's professional experience and training, as well as their own judgment about the provider's personality (Beach, 1997; Butler et al., 1991; Hofferth et al., 1991; Porter, 1991; Galinsky et al., 1994; Smith, 1991).

When parents rate their satisfaction with their children's child care arrangements, they consider multiple factors, and their judgments do not always correspond with the quality ratings made by child development experts (Galinsky et al., 1994). Parents vary in their definitions of quality care, with some emphasizing a desire for nurturing, attentive care for their children and others stressing their desire for educational and social development opportunities (Siegel and Loman, 1991). However, when parents considered program quality and convenience across informal child care settings and center-based care, no one type of care was identified as ideal. Each type of care had strengths in some areas and was less strong in other areas (Gilbert et al., 1992). Parents' ratings of quality of care were comparable across a wide variety of types of child care (Emlen et al., 1999).

Although research findings are not entirely consistent, parents generally report high levels of satisfaction with whatever child care arrangement they are currently using, whether both formal and informal types of care are included (Hofferth et al., 1991) or only in-home and relative care (Butler et al., 1991; Smith, 1991). When asked about specific preferences for one type of child care and whether they would want to switch to a different type of child care, some parents' responses appeared to be influenced by family income and the age of the child in child care (Hofferth et al., 1991). Low-income families were more likely to express a preference for center-based care (Bowen and Neenan, 1993; Hofferth et al., 1991). Data from the NCCS (1990) and the profile of child care settings (PCCS) indicate that low-income mothers using relative child care were most likely to want to change arrangements and those using a center were least likely to want to change (Hofferth, et al., 1995, in Phillips and Bridgman, 1995). Parents stated that they believed center-based care would provide more learning opportunities, greater safety, and more reliable care for their children (Hofferth et al., 1995, in Phillips and Bridgman, 1995).

Child Age

Parental preferences for child care arrangements change as their children get older. Data on child care usage indicate that parents of infants and toddlers are much more likely to use informal home-based child care arrangements than parents of preschoolers (Capizzano et al., 2000; Casper, 1997; Gilbert et al., 1992; Hofferth et al., 1991; Siegel and Loman, 1991; West et al., 1996; and Zinsser, 1991). While these differences in usage may be partly attributable to the reduced availability and higher cost of center care for infants and toddlers, research on parental preferences suggests that families prefer more informal, home-like arrangements for their infants and toddlers, but then opt for the learning opportunities provided by center-based early care and education programs for their preschool-aged children (Hayes et al., 1990; Kisker et al., 1989; Mason and Kuhlthau, 1989; Porter, 1991). Some usage data suggest that, once children enter school, parents choose less expensive informal providers for after-school care, assuming that school has provided the necessary educational experience (Hofferth et al., 1991). As the availability of free or inexpensive organized after-school programs increases, these choices may change.

Children with Special Needs

A majority of families with seriously disabled or chronically ill children use relative or in-home care arrangements for their children under age six. Research has suggested that this may often be a matter of preference. For example, Siegel and Loman (1991) found that, although a relatively large number of formal providers, both centers and family child care homes, indicated that they were able to care for children with physical and intellectual limitations or health problems, over half of the families with children who were chronically ill or disabled reported difficulties in finding a provider.

Constraints on Parental Choice

Although research based on parental report suggests that most low-income families who use informal care providers do so because they prefer this type of care, some studies suggest that a significant proportion of informal care users choose this type of care because they are unable to enroll their child in a regulated child care setting (Butler et al., 1991; Gilbert et al., 1992; Siegel and Loman, 1991). The factors most often cited as constraining families from using their preferred child care option are availability and accessibility, cost and affordability, and the hours of operation and other restrictions in the services offered by certain types of child care providers. These factors are usually intertwined; a community may have an adequate supply of center care, for example, but the care may be too expensive for parents, operate during hours that do not match their work schedule, or may not offer care for a wide enough age range to accommodate their children.

Parents think of availability within the constraints of affordability and accessibility. The NCCS found a strong positive relationship between income and perceived availability of center care; 49 percent of families with incomes under $25,000 perceived a center to be available compared with 70 percent of families earning $50,000 or more (Hofferth et al., 1991). Low-income families' choice of

child care was constrained by the limited number of programs that offered sliding-fee scales or accepted subsidies (Hofferth, 1995, in Kontos et al., 1995).

It is not just in parents' perceptions that affordability, accessibility, and availability are intertwined. Traditionally, the supply of center-based programs has been lowest in low-income and rural communities (Beach, 1997; Fuller et al., 2000; Kreader et al., 2000 in Lesser, 2000; Siegel and Loman, 1991; Zinsser, 1991). In both types of communities, there may not be enough families to support more than a minimal number of centers, in one case because most families cannot afford center care without assistance and in the other because the area is sparsely populated and families are widely scattered. Since parents typically look for child care close to home, both because transportation may be a problem and because they want to minimize the amount of time the child must spend traveling, informal care providers may offer the most convenient arrangement, especially in low-income and rural communities.

Parents who are required to work rotating shifts or during evening or weekend hours that do not conform to normal business hours may be constrained in their choice of care arrangement. A significant proportion of child care centers do not offer care during weekend or evening hours; informal providers are much more willing to accommodate nontraditional work schedules (Butler et al., 1991; Emlen et al., 1999; Fuller et al., 2000; Hofferth, 1995, in Kontos et al., 1995; Malaske-Samu, 1996; Siegel and Loman, 1991; Zinsser, 1991). Not surprisingly then, mothers who work either part-time or during nontraditional hours are more likely than mothers who work during normal business hours to use informal arrangements.

Emlen et al. (1999) theorized that a certain degree of flexibility is necessary in order to balance the competing demands of daily life and, for working parents, this flexibility must come from work,[14] family, or child care providers; the less flexibility offered by one, the more required of the others. A study of parents in the Pacific Northwest found that each choice of child care was associated with a unique pattern of flexibility. Child care centers offered the lowest level of caregiver flexibility and were predominantly used by families with a fair amount of flexibility at work and in their family situation; families with the lowest level of flexibility at work or in the home were most likely to choose care by relatives or in-home care providers.

Despite evidence that the demand for nontraditional hour care exceeds supply, several state and community efforts to increase the amount of nontraditional hour care within centers have failed because of low enrollment. This suggests that other factors, in addition to the flexibility of the arrangement, need to be considered. For instance, parents may prefer that their children remain in familiar home-based settings during overnight shifts and rely on familiar faces to bring about some sense of stability in their children's lives when work schedules are variable and unpredictable (Collins and Carlson, 1998). The research does not offer much guidance in these efforts because it usually does

not disentangle parental preference and the constraints imposed by irregular work schedules.

Costs of Care and Effect of Subsidies

The cost of child care is an integral part of the child care decisions of most families with young children. In study after study, a substantial portion of parents mention child care costs as an important factor in their child care decisions. Some studies suggest that the high costs of care have prevented many families from enrolling their children in regulated child care facilities (Siegel and Loman, 1991; Zinsser, 1991). There is some support for this research in demographic data suggesting that low-income families are more likely to use informal providers.

If cost were indeed the major factor in families' choice of a child care arrangement, the availability of a child care subsidy should result in a different usage pattern (as long as administrative policies did not constrain parent choice). And indeed, several studies suggest that this is the case. The NCCS found that low-income families that received child care subsidies were much less likely to use relative care and much more likely to use center care than their unsubsidized counterparts (Brayfield et al., 1993). Similarly, other state-specific studies have found that families that received subsidies were more likely to use regulated care (Siegel and Loman, 1991; Meyers, 1993; Gilbert et al., 1992; Fuller et al., 2000).

A longitudinal study of California's GAIN program[15] conducted between 1990 and 1992 reported that child care subsidies increased the use of organized child care. During the three months before participating in the GAIN program, the vast majority of the women in this study relied on informal child care arrangements for their youngest child. As they entered training and job readiness activities in the GAIN program, and became eligible for child care subsidies,[16] these low-income mothers made a significant shift toward the use of organized care. Within the first three months of GAIN participation, usage of informal care substantially decreased as many families enrolled their children in licensed child care centers or family child care homes. After leaving the GAIN program, when eligibility for child care subsidies ended, a significant proportion of families using organized care began relying on family and friends to care for their children (Gilbert et al., 1992; Meyers, 1993).

Similarly, in Illinois, Siegel and Loman (1991) found that AFDC recipients participating in either Project Chance[17] or the Transitional Child Care Assistance program[18] were more likely to use regulated child care facilities, and less likely to use informal care providers, than AFDC recipients who were not participating in these programs.[19] In a more recent study of TANF families in Illinois who used child care vouchers, Piecyk et al. (1999) found that, between January 1997 and January 1998, usage of all types of child care increased, especially regulated care. However, the distribution of usage by type of provider did not significantly change.

Other studies, including two conducted in Maryland and Oregon, found that child care subsidy programs were associated with an increase in the use of informal care. In Maryland, expansion of the subsidy program resulted in a substantial increase in the proportion of subsidy recipients that used informal care arrangements. As a result, the percentage of subsidized families using relative and in-home care rose to match that of families using family child care; the proportion of families using center-based care did not change significantly (Piecyk et al., 1999). A 1996 study of Oregon families reported that subsidized families were more likely to use relative care than nonsubsidized families, who were more likely to use family child care homes and just as likely to use child care centers (Emlen et al., 1999).

It is hard to draw a firm conclusion about the role of the cost of care in determining child care choices. There seem to be changes over time and across states in the effect of subsidies on parental choice.

Costs of Informal Child Care

A good deal of research has focused on the cost of various types of child care. While estimates may vary because of differences in methodology, there are consistent findings that in-home care is the most expensive form of child care, while relative care is the least expensive (Casper, 1995; Galinsky et al., 1994; Hofferth et al., 1991; Siegel and Loman, 1991). This trend has remained fairly consistent over time and, with the exception of in-home care, which has experienced steep cost increases since the 1970s, costs for each type of care have increased steadily at about the same rate. (See Table 3.)

TABLE 3
Mean Weekly Child Care Payments for Youngest Child Under Age Five[20]

	1975 National Child Care Consumer Study[21]	1985 National Longitudinal Survey of Youth (NLSY)[22]	1990 National Child Care Survey (NCCS)[23]	1993 Survey of Income and Program Participation[24]
Relative Care	$29	$35	$31	$42
In-home Care	$18	$49	$51	$68
Family Child Care[25]	$38	$43	$45	$57
Center Care	$46	$44	$53	$64

The relatively low costs of relative care are the result of a number of factors, including the use of nonmonetary payments to compensate child care services (Folk, 1994; Henly and Lyons, 2000) and the reluctance of many providers to charge their relatives for care. Relative providers are the least likely to charge money for providing child care, especially when the provider is caring for a grandchild. Although percentages vary widely from one survey to the next,

research suggests that between 46 and 83 percent of relative providers do not charge for their services. The vast majority of in-home care providers, child care centers, and family child care homes (both regulated and unregulated) require monetary payments (Casper, 1995; Folk, 1994; Galinsky et al., 1994; Hofferth et al., 1991; Presser, 1989). Relative providers that do charge for their services are often motivated more by the assistance that they could provide to the parents or the children than by their desire to earn a living. Zinsser (1991) found this to be true for most informal providers in her ethnographic study of families living in an urban residential community. Informal providers in that community were more comfortable in the role of a helping hand, supporting others even at their own expense, than in the role of a businessperson calculating reasonable fees to be charged to clients.

According to the 1993 Survey of Income and Program Participation, among families who paid for child care for children between the ages of birth to four, employed mothers paid an average of $42 per week for relative care arrangements, $57 for family child care arrangements,[26] $64 for center-based arrangements, and $68 for in-home care arrangements (Casper, 1995). These figures vary by child age, with the youngest children being charged the highest fees (Siegel and Loman, 1991).

Hofferth et al. (1991), in analyses of cost data collected between 1975 and 1990, found that, despite significant cost increases between 1975 and 1985, the mean weekly child care payments for relative care in 1990 were similar to those in 1975.[27] However, all other types of child care arrangements experienced dramatic cost increases within this time period. Cost increases were especially large for in-home care providers whose weekly payments increased from an average of $18 to $49 between 1975 and 1985 and then to $51 by 1990. One of the many factors that influenced cost increases was changes in the average number of paid hours per week that children spent in child care. Between 1975 and 1990, all four of the main child care arrangements experienced significant increases in the mean number of hours per week children under age five spent in their care (Hofferth et al., 1991).

Informal Child Care Providers and Their Experiences

Research findings are limited on the characteristics and experiences of informal child care providers. Findings also vary considerably depending on the specific group of informal child care providers studied. Most of the studies cited below provide information on a sample of convenience and are not representative of informal child care providers more generally.

Demographic Characteristics of the Study Participants

The majority of relative child care providers who participated in the studies reviewed here were the children's grandmothers, and they were from the same ethnic group as at least one of the parents. Most, but not all, of these studies used samples of convenience. (Brayfield et al., 1993; Butler et al., 1991; Casper, 1997; Emlen et al., 1999; Hofferth et al., 1991; Lesser, 2000; Piecyk et al., 1999; Presser, 1989).

Two separate studies of providers, using samples of convenience and completed at different times, found that close to 75 percent of kith and kin providers who participated in the studies were ethnic minorities (Fuller et al., 2000; Galinsky et al., 1994). In one of these studies, family child care providers were found to be fairly evenly divided among ethnic groups (Fuller et al., 2000).

In the Fuller study, family child care providers were roughly equally divided across ethnic groups (20 percent white, 27 percent black, 26 percent Latino, and 23 percent Asian). Kith and kin providers were less evenly distributed across ethnicities, and much more likely to be Latino (43 percent). The parent population, on the other hand, was more likely to be black (34 percent); white and Latino parents constituted 27 percent and 28 percent of the parent sample, with the remaining 10 percent being Asian. Of the four groups, white parents who used either family child care or kith and kin care were more likely to have ethnically matched providers than any other group.

On average, of the caregivers in these studies, the youngest child care providers worked in unregulated family child care settings, the next oldest were in regulated family child care settings, and the oldest provided relative care. Mean ages of providers ranged from 36 years for unregulated family child care providers to 40.5 years for regulated family child care providers and between 52.9 and 54 years for relative providers (Butler et al., 1991; Galinsky et al., 1994).

Research has found that the economic status of informal child care providers is generally similar to that of the parents for whom they work. As mentioned, relatives, especially grandparents, are the least likely to charge money for their child care services. In her study of grandparents providing child care, Jendrek (1993) found that 71 percent of grandparents were not paid for their services.

A number of informal providers' household incomes are supplemented by their own or other family members' work. Galinsky et al. (1994) found no difference among regulated and unregulated family child care homes and relative providers who participated in the study in terms of whether another adult contributed to the household income. Presser (1989) reported that over one-third of grandmothers who cared for their grandchildren had additional income from other work.

Research has found differences among types of providers participating in the studies in whether they report their taxable income from child care (Galinsky et al., 1994; Zinsser, 1991). For example, 94 percent of regulated family child care providers participating in one study reported their income, compared to only 42 percent of unregulated family child care providers and 5 percent of relative providers (Galinsky et al., 1994).

Most grandmothers and other relative providers who participated in the studies were married or living with a partner (Galinsky et al., 1994; Jendrek, 1993). Even so, the relative providers in one of these studies were more likely to be single than were the regulated and unregulated family child care providers (Galinsky et al., 1994).

Relevant Education and Experience

In several studies, child care providers of different types varied in terms of their formal education, specialized child care training, and child care experience. On average, informal providers participating in the studies have had less formal education than providers in regulated child care settings and, among informal child care providers, relative providers usually have the least amount of formal education (Butler et al., 1991; Fuller et al., 2000; Galinsky et al., 1994; Siegel and Loman, 1991). As with the findings on income, the educational achievement levels of informal care providers closely match those of the parents in the studies. By contrast, Fuller et al. (2000) found that family child care providers were twice as likely and center providers three times as likely as parents to have pursued education beyond high school. Galinsky et al. (1994) reported that 46 percent of relative providers in her sample had not finished high school, while this was true of 33 percent of unregulated family child care providers and only 6 percent of regulated family child care providers. Other researchers reported similar rankings of formal education across different types of child care (Siegel and Loman, 1991; Butler et al., 1991). The Growing Up in Poverty Project found that providers with some post-high school formal education made up 26 percent of kith and kin providers, 51 percent of family child care providers, and 65 percent of center-based providers (Fuller et al., 2000). Zinsser's (1991) sample was atypical in that she found similar educational backgrounds for both informal child care providers and center-based child care staff. Both sets of providers were likely to have completed high school, but not to have continued their formal education.

Similarly, regulated providers generally report receiving more training in child care or early education than unregulated providers, who, in turn, receive more training than relative providers (Butler et al., 1991; Galinsky et al., 1994; Kontos et al., 1995; NICHD, 1996). The Profile of Child Care Settings (Kontos et al., 1995) found that approximately two thirds of regulated child care providers and just over one third of unregulated providers had received some sort of specialized child care training.

Most informal child care providers have had extensive experience caring for children, both their own and others (Butler et al., 1991; Fuller et al., 2000; Porter, 1998). If fact, research has suggested that, on average, informal providers, especially relatives, have had more years of child care experience than formal providers. For relatives, this may be partially explained by their generally older ages. One study reported that kith and kin providers had an average of 22 years of child care experience, family child care providers 19 years, and center-based providers 13 years (Fuller et al., 2000).

Motivation for Providing Care and Job Commitment

Relative providers and family child care providers who participated in the studies reveal sharply different motivations for providing informal child care. The vast majority of relative providers care for children to help out the children's parents (Galinsky et al., 1994; Kontos et al., 1995; Malaske-Samu, 1996; Porter, 1998; Smith, 1991). By contrast, most family child care providers choose to care for children in order to be employed while staying home with their own children (Eheart and Leavitt, 1989; Nelson, 1990, in Kontos et al., 1995; Galinsky et al., 1994). Other motivating factors mentioned by relative providers include not wanting the child to be in another child care setting and giving the relative something to do. Additional motivators for family child care providers include feeling that work is a natural extension of their role as mothers and the flexibility of this type of work (Zinsser, 1991). Providers in both groups talk about the satisfaction of helping children grow and learn.

Relatives are less likely than family child care providers to be committed to the role of professional child care provider. According to several studies, most relative providers report that they are not in their chosen profession; many don't even consider themselves child care professionals (Galinsky et al., 1994; Kontos, 1995; Zinsser, 1991). Zinsser (1991) found that, while most informal providers did not say that child care was their career choice, 69 percent of regulated providers did. No difference in the level of commitment of regulated and unregulated family child care providers has been found (Galinsky et al., 1994). However, center-based providers participating in the studies usually expressed the highest level of commitment to their work (Fuller et al., 2000).

Benefits and Problems for Providers

Family child care providers interviewed by Zinsser (1991) described a number of job satisfactions. They enjoyed caring for children and formed close bonds with the children and their families. Providers were generally pleased to bring

in some income while being able to care for their own children. Sources of dissatisfaction mentioned by these providers included their husbands' not wanting them to work and the increased difficulty of managing their own families (Zinsser, 1991).

Another group of informal child care providers described work-related problems. These included managing children's behavioral problems, conflicts over payment, differences with parents in child-rearing approaches, and concern about being taken advantage of by parents (Porter, 1998).

As part of a study of grandparents with in-home custody of their grandchildren, Jendrek (1993) included a comparison group of grandparents who provided daily child care. Not surprisingly, daily child care did not affect the lives of these relative providers as much as child custody affected the lives of the other grandparents. The relative providers organized their days around the children for whom they provided care, but the majority did not report significant disruptions in their friendship or family networks or in their marriages (Jendrek, 1993). The most common problem reported was the need to alter routines and plans (73 percent) and having less time to get everything done (52 percent). Twenty-one percent of the grandparent providers did report a decrease in their contact with friends. Fifty-two percent said they felt a greater purpose for living since beginning to care for their grandchild (Jendrek, 1993).

As self-employed workers, informal child care providers, as well as many family child care providers, do not receive typical employment benefits such as health insurance and vacation pay. Also, for those providers who do not report their taxable income, they are not contributing to social security and do not qualify for federal unemployment insurance (Zinsser, 1991).

Although child care providers in settings other than centers typically work alone, type of care was related to the extent of contact providers had with other providers. Regulated providers had the most contact with other family child care providers, unregulated providers had less contact with other providers and relative providers had the least contact (Galinsky et al., 1994). Providers with stronger ties to other providers were found to provide more sensitive and responsive care (Galinsky et al., 1994). Zinsser (1991) points out that, even when informal providers lack work colleagues, the flexibility of their jobs usually allows them ongoing contact with friends and family.

Informal Providers and Regulation

There is consensus among researchers that the vast majority of caregivers are still unregistered and unregulated (Kahn and Kamerman, 1987, in Hayes et al., 1990). Some providers regard themselves as temporarily caring for the children of relatives and neighbors while raising their own children, and they may be unaware of the requirements or may regard the licensing process as too complex and costly to negotiate. Others may regard licensing as an intrusion, especially if they have no interest in seeking government subsidies. Still others may

be hoping to avoid the tax liabilities or lost welfare benefits and transfers that would result from having to report their income (Kahn and Kamerman, 1987, in Hayes et al., 1990).

The primary incentives for family child care homes to become licensed or registered appear to be receiving public subsidies, such as the Child Care Food Program, the possibility of referrals from resource and referral agencies and public social service agencies, as well as the ability to obtain liability insurance. Providers who see their activities as a business or career are frequently more eager to gain the visibility that licensing and registration may bring (Hayes et al., 1990).

Most of the unregulated providers (81 percent) in the study conducted by Galinsky et al. (1994) were illegally unregulated because they had more than the number of children required by their states to be regulated. The states in this study, however, had stringent thresholds for regulation and required providers who cared for more than one to three unrelated children (depending on the state) to be regulated. Moreover, 17 percent of regulated child care providers were out of conformance with state laws that regulate ratios, group size, and the age mix of children (Galinsky et al., 1994).

In a study of child care providers enrolled in Rhode Island's in-home and relative care subsidy program, conducted by Butler et al. (1991), almost half (46 percent) of the providers said they had considered becoming a licensed family child care provider. Urban providers were more interested than rural and suburban providers in changing their regulation status (Butler et al., 1991). However, in New Jersey, only 34 percent of providers participating in the state's process to approve home child care programs for subsidies indicated that they were willing to complete all of the requirements for becoming a registered family child care home,[28] even though they were informed that this would result in a higher payment rate. Three percent said they would be willing to complete some of the requirements, but 63 percent said they wouldn't complete any. Fifty-two-percent of the providers reported knowing that they could receive a higher subsidy payment rate if they became a registered family child care provider. Younger providers and renters, as opposed to homeowners, were more likely to agree to comply with all of the registration requirements. County, education level, length of services, knowledge of the higher pay scale, and the number of children in care from families who were not participating in welfare-to-work activities were not statistically related to the willingness to comply (Smith, 1991).

Experiences of Children and Parents

A central aspect of the experiences children and parents have with informal child care is the quality of care provided. Quality of care is a primary concern for both parents and policymakers. However, defining and measuring quality of child care, especially informal types of care, is difficult. The definition of quality child care varies across communities and families. Researchers, parents, and family child care providers do not always agree on definitions of quality for informal child care arrangements (Modigliani, 1991; Perrault, 1992, in Kontos et al., 1995).

Measuring quality of care across the range of informal child care settings is more complex than comparing the quality of care among child care centers. While researchers can readily assess specific common features of diverse child care settings such as how many books are available and how often providers talk with the children, it is more difficult to compare the overall quality of care provided by a loving relative who is a permanent figure in a child's life with care provided in a regulated family child care home with a strong preschool curriculum (Fuller et al., 2000). The measures used most often to assess overall quality of child care programs are the Early Childhood Environment Rating Scale (ECERS) for child care centers and Family Day Care Rating Scale (FDCRS) for family child care homes (Harms and Clifford, 1989). The FDCRS rates six areas of caregiving practice: space and furnishings, basic needs, language and reasoning, learning activities, social development, and adult needs.

Global Assessments of Quality

In these studies, which draw samples of convenience and used the global assessments scales described above, informal child care is frequently rated as providing the lowest quality child care. Home-based programs are rated lower in quality than center-based programs, and unregulated programs are rated lower than regulated programs (Fischer, 1989; Goelman and Pence, 1987; Hofferth, 1995, in Kontos et al., 1995; Peth-Pierce, 1998). Using the ECERS and the FDCRS, Fuller (2000) rated 71 percent of both kith and kin providers and licensed family child care providers at the minimal level of quality or worse, while 42 percent of child care centers were similarly rated. Galinsky et al. (1994) reported similar findings, with inadequate quality ratings assigned to 13 percent of the regulated family child care providers, 50 percent of the unregulated family child care providers, and 69 percent of the relative providers.

Children's Experiences

When researchers assess specific aspects of child care that affect children, factors most often considered are structural dimensions of care, interactional dimensions of care, educational dimensions of care, and the social context of care. These dimensions often are measured using scales developed for more formal care settings.

The structural dimensions of child care most often investigated include health and safety indicators, child-adult ratios, number of children in a group, and the child care provider's training and experience. These aspects of child care settings affect children directly (compliance with health guidelines contributes to fewer injuries and accidents) and indirectly by influencing the provider's interactions with the child. The NICHD (1996) study of infant child care clearly linked structural aspects of the child care arrangement to providers' caregiving behaviors across five types of child care. Researchers found that small group size, low child-adult ratios, safe, clean, and stimulating physical environments, together with caregivers' nonauthoritarian childrearing beliefs, were consistently associated with caregivers who provided sensitive, responsive, warm, and cognitively stimulating infant care for each type of child care setting. Previous research has linked these positive kinds of caregiver interactions to better outcomes for children. In the NICHD study (1996), a large and carefully designed research effort, small group sizes and low ratios were most often found in informal care provided in the child's home, and there were no significant differences in the quality of the physical environment between licensed and informal home-based care arrangements.

Health and Safety Concerns

The NICHD study (1996) emphasizes the importance of the physical environment of a child care setting since caregivers working in safe, clean, and stimulating settings are more likely to interact in positive, sensitive ways with infants. A number of studies have investigated the health and safety aspects of informal child care settings, using samples of convenience, and found the home settings to be generally clean, safe, and healthy (Butler et al., 1991; Zinsser, 1991). In one such study, regulated family child care providers had higher levels of compliance with health and safety indicators than unregulated family child care providers and relative providers (Galinsky et al., 1994).

Child-Adult Ratio and Group Size

Group size and child-adult ratio have been found to be associated both with caregivers' interactional styles and child outcomes, but the findings are not always consistent. Smaller numbers of children in care have been linked with more positive caregiving for providers in both child care centers (Howes, 1983, in Kontos et al., 1995) and family child care homes (Fosburg, 1981, in Hayes et al., 1990; NICHD, 1996). Providers caring for a smaller group of children are likely to be more responsive, more positive, more socially stimulating, and less restrictive (Stallings, 1980; Stith and Davis, 1984, in NICHD, 1996; Fosburg, 1981, in Hayes et al., 1990; Howes, 1983, in Kontos et al., 1995). In the National Day Care Home Study (Fosburg, 1981, in Hayes et al., 1990), group size was the strongest predictor of home-based caregivers' behavior. However, Galinsky et al. (1994) reported that home caregivers in her study provided "higher quality" care when they cared for relatively more children—three to six children—instead of one to two children.

Additional studies have investigated the impact of group size and child-adult ratio on child outcomes. Although investigations of child care for toddlers have been quite consistent in revealing positive effects of low child-adult ratios (NICHD, 1996), studies of child-adult ratios for preschool-age children have not always indicated a strongly positive effect. Fuller (2000) reported that preschool children demonstrated more improvement in both cognitive and social skills when they were in child care settings with fewer children or where the ratio of children to well-educated adults was low. Larger groups and poorer child-staff ratios have been linked to poor social interaction and cognitive development (Clarke-Stewart and Gruber, 1984; Fosburg, 1982; Howes and Rubenstein, 1985, in Kontos et al., 1995). However, other studies found the reverse to be true (Kontos et al., 1994, in Kontos et al., 1995) or have found no association (Dunn, 1993, in Kontos et al., 1995). Peth-Pierce (1998) found that children who spent more time in group arrangements with more than three children had fewer behavior problems (as reported by the caregiver) and were observed to be more cooperative in child care.

In those states that regulate all forms of child care, including care by relatives and smaller family child care homes, limitations on the child-adult ratio and group size are frequently specified in the regulations. The regulations that govern informal caregivers who receive subsidies do not specify group size and ratio but rather focus on health and safety protections. Kontos et al. (1995) found that the large majority of family child care homes participating in their study fell within the regulation limitations and that most informal child care providers cared for only a few children. Those providers who cared for larger numbers usually provided care on staggered schedules which kept them within the legal enrollment limits (Kontos et al., 1995). When instances of large groups of children and high child-adult ratios occurred, most studies found that they were more likely to be found in child care centers than in informal child care settings (Fuller et al., 2000, Galinsky, 1994; Gilbert et al., 1992; NICHD, 1996). The average adult-child ratio in one sample of child care settings (Hofferth et al., 1991) ranged from 1.37 children for relative providers, to 3.11 children for family child care homes, to 6.55 children in child care centers.

Interactional Dimensions of Care

Earlier research has documented that verbal, sensitive, responsive, stimulating interactions between children and caregivers are related to better child development outcomes. Recent studies of child care settings have explored the relationship between the type of child care and the provider's interactional style. Galinsky et al. (1994) and the National Child Care Staffing Study (Child Care Employee Project, 1989, in Butler et al., 1991) found that regulated providers were rated as more sensitive and responsive to children than unregulated and relative caregivers, while there were no significant differences between unregulated family child care providers and relative providers. Other researchers found that home-based providers, whether regulated or unregulated, were more likely to talk to children than child-care center staff (Fuller et al., 2000).

Compared with relative care, providers caring for unrelated children interacted more with the child in ways that involved teaching, playing, and helping (Fosburg, 1982, in Kontos et al., 1995). The interactional style of relative providers was described as less structured and less focused on the child (Kontos et al., 1995).

Using the Arnett Scale, which assesses a provider's positive interactional style with children, Fuller et al. (1991) found little difference among *kith and kin* providers, family child care providers, and center staff. Differences were only found in the extent to which providers gave children explanations, with center staff scoring significantly higher and kith and kin providers scoring the lowest. Other studies reported that interactions observed between children and informal child care providers were largely positive (Butler et al., 1991; Smith, 1991). Providers were responsive, nonpunitive, and handled discipline positively (Butler et al., 1991; Smith, 1991).

Children frequently develop close ties to their child care providers. Galinsky et al. (1994) found that half of the children in her sample were securely attached to their providers, and the children were just as likely to be attached to nonrelative providers as to relative providers. Given these attachments, the frequent changes in child care reported by many parents may have a negative impact on children. This is an aspect of child care which has scarcely been studied. One study did find that children who experienced more caregiver turnover as infants and toddlers performed less well in their preschool years (Howes and Steward, 1987, in Kontos et al., 1995).

Opportunities for Learning

Research findings consistently report that informal child care settings have less of an educational focus than center-based care. One sample of informal family child care providers (Zinsser, 1991) seemed to view keeping the children safe and healthy as their primary task, and emphasized physical care over providing opportunities for educational or social development. This general noneducational orientation is reflected in numerous aspects of a child's daily experience in informal child care. Children in informal child care settings were much less likely to engage in activities geared to promote literacy and learning than children in centers and regulated family child care homes. One study found books in only 42 percent of the informal child care homes observed (Butler et al., 1991). Children were also less likely to use educational toys and materials in informal child care settings (Butler et al., 1991; Zinsser, 1991). Educational input in informal child care settings came more often from educational television programs than from active teaching by the provider (Zinsser, 1991). Children watched more television and videos of all kinds in informal child care settings than in centers (Fuller et al., 2000; Porter, 1998; Zinsser, 1991). The greater educational focus of center-based care is associated with better cognitive and language outcomes for children and a higher level of school readiness (Peth-Pierce, 1998).

Parents view child care centers as providing better learning environments for children than informal settings (Gilbert et al., 1992). Parents were also more likely to think that center-care staff had more relevant education or training than either in-home or family child care providers (Hofferth et al., 1991).

The amount of planning done by child care providers for children's activities has also been found to be associated with the type of child care. In one study, regulated family child care providers were much more likely to plan activities for children than unregulated family child care providers or relatives (Galinsky et al., 1994). Galinsky et al. (1994) found that providers who do plan for children's activities were more likely to be rated as sensitive and responsive. In another study, child-care center providers did more planning for children's activities than did regulated family child care and kith and kin providers, but children in centers are still more likely than children in these home-based settings to be seen wandering around without any activities. (Fuller et al., 2000). Unlike the Galinsky research, Fuller's study also found that caregivers' sensitivity was similar in regulated and unregulated child care settings.

Informal child care providers observed by Zinsser (1991) did not typically take an active role in their approaches to children's misbehavior. They tended to accept the child's behavior as attributable to the child's temperament and so considered it unchangeable rather than analyzing difficult behavior in order to solve the problem.

Social Context of Care

Although an association has not been reported in every study (e.g., Clarke-Stewart et al., 1994; Dunn, 1993, in Kontos et al., 1995), caregivers' formal education and specialized training have been linked to caregivers' behavior in many toddler and preschool programs (Arnett, 1989; Berk, 1985; Roupp et al., 1979, in NICHD, 1996). Caregivers with college educations and specialized training in child development were less likely to restrict children's activities, more likely to use indirect forms of guidance, and more likely to make efforts to develop the children's verbal skills (NICHD, 1996). Optimal caregiver qualities vary with the developmental age of the child in care, so that, in child care with infants, the caregiver's affective quality and sensitivity would be more significant than style of discipline (NICHD, 1996).

The training and experience of child care providers has also been linked to better outcomes for children. Key provider attributes that have been linked to positive child development include the caregiver's educational level, professional commitment to the field, and earnings. These factors together have been found to create more stable environments for young children (Fuller et al., 2000).

The opportunity to interact with other children varies across types of child care. Children in child care centers were more likely than children in home-based care to interact with other children (Fuller et al., 2000). The age range of

children in family child care homes has emerged as a factor influencing a child's development (Fosburg, 1982, in Kontos et al., 1995).

Impact on Work Lives

While most of the research on informal child care has focused on children's experiences, a number of studies have also addressed parents' experiences. Because most parents need child care in order to work, parents' satisfaction with a particular child care arrangement is influenced by its impact on their work lives as well as by their assessment of the quality of care provided. Research has addressed parents' overall satisfaction with informal child care, its impact on work life, and relationships between providers and parents.

Parents' work lives are substantially affected by the flexibility and stability of their child care arrangements. Breakdowns in child care arrangements and changes in schedules can cause substantial problems for families irrespective of the type of child care (Gilbert et al., 1992). One study found that 70 percent of families in one year reported problems because of breakdowns in their usual child care arrangements (Siegel and Loman, 1991). Families using formal child care facilities such as centers reported the fewest problems due to unreliable child care arrangements (Siegel and Loman, 1991). Another study found that, in general, parents lost less time from work when their children were cared for outside the child's home, whether that care was in a center or informal child care.

On the other hand, some parents find the greater flexibility of informal child care an advantage when it comes to matching irregular and changing work and school situations, with the result that fewer work days are missed (Gilbert et al., 1992; Hofferth et al., 1991). Employed women using informal child care arrangements were the least likely to stay home from work to care for a sick child (Hofferth et al., 1991).

Changes in child care arrangements happen frequently and can be stressful for both children and parents. Siegel and Loman (1991) found the majority of families using informal child care reported they had made changes in child care arrangements within the previous 90 days. These researchers suggested that, since informal child care providers are often unpaid or paid very little, parents are dependent on good will to maintain a child care relationship. On the other hand, Hofferth et al. (1991) reported that informal care arrangements had the greatest stability, with a median duration for relative care of 15 months, compared with 10 months for family child care and 8 months for center care.

Given the frequency of problems with child care due to changes in a parent's work schedule, a child's sickness, or changes in a provider's routine, nearly all families are sometimes in need of back-up child care arrangements. Most frequently this back-up or secondary arrangement takes the form of informal care, whether in-home or relative care, especially for the youngest children (Bowen and Neenan, 1993; Caruso, 1992). Hofferth (1991) found that, while

37 percent of the families used an informal provider for their youngest child's primary child care arrangement, 44 percent relied on a relative or in-home provider for their secondary arrangement. The fact that so many families rely on informal child care arrangements for either their primary or secondary form of child care underscores the importance of this form of care.

Parent and Provider Relationships

Several researchers have addressed the relationships between child care providers and parents, who together shape children's daily lives. While in one study most informal care providers reported talking with parents about child rearing (Butler et al., 1991), another group of informal child care providers reported these discussions were infrequent and brief (Zinsser, 1991). In-home providers were more likely than relatives to have child-related conversations with parents (Butler et al., 1991). Compared with center staff, informal child care providers scored higher on an index of agreement with parents (Fuller et al., 2000). Zinsser (1991) reported that some informal providers expressed animosity toward the career mothers who employed them and held the belief that mothers of young children should be at home.

Improving the Quality of Informal Care

In addition to efforts to license or register informal care providers, many states offer training opportunities or other kinds of assistance, such as safety kits, fire extinguishers, toys, and equipment. While these efforts often draw providers who are already licensed and wish to upgrade their skills, they are usually less successful in reaching informal care providers. It is not clear whether this is because providers are not interested in the offers or because the information does not reach them.

The research offers conflicting evidence on this issue. In a mail survey of 192 license-exempt providers in Los Angeles, a majority (71 percent) indicated that they would be interested in opportunities to learn more about child care (Malaske-Samu, 1996, in Porter, 1998).

In another study, 73 percent of the in-home and relative providers surveyed said that child care training services would not be helpful to them, although 87 percent expressed interest in get-togethers or support groups to learn more about child care from each other. Urban providers were more likely than rural and suburban providers to say they would be able to attend such sessions (Butler et al., 1991).

Parents surveyed in this second study thought it would be helpful for their Department of Human Services to offer child care training for providers in the areas of discipline and child rearing (63 percent), and in health and nutrition

(31 percent). Parents who did not say it would be helpful to offer such training were doubtful that the provider would be willing to participate (Butler et al., 1991).

In a third study, most low-income providers expressed interest in gaining information on a wide range of issues, ranging from how to support children's development to other services in the community and opportunities for employment in child care. When asked how they wanted to obtain this information, participants voiced strong opinions in favor of both written materials and video tapes, with arguments about the advantages of each. Participants also expressed overwhelming interest in support groups, where providers could talk to and learn from one another (Porter, 1998).

Conclusions

As this synthesis of research on informal child care makes clear, a good deal is known about informal child care providers: approximately what portion of the child care market they represent, what kinds of families use them and why, who these providers are, and their reasons for doing what they do. Researchers know a little about the relationships among the providers and the parents and children they serve, and they have some ambiguous information about the quality of the child care experience and the kinds of help and information these providers might want and need. Most of this information, aside from the survey data on usage, is fragmentary; often different studies give different answers to the same question. Differences in the answers may be a function of the relative weakness of many of the measures. In addition, widely differing sample sizes and populations and the prevalence of single-site studies contribute to the confusion. Nevertheless, it seems likely that researchers will not achieve a much more precise understanding of many of the issues identified here, primarily because these providers are largely hidden and, especially in the case of relative providers, not especially anxious to be part of large-scale intensive research of the kind investigators undertake in more organized care settings.

ENDNOTES

1. They also may be subject to some form of regulation if they receive public subsidies.

2. For this review, informal child care providers were grouped in three categories: relative care; in-home care; and unlicensed family child care. *Relative care* is care by extended family members (e.g., grandparents, aunts, and uncles) either in the child's home or in the relative's home. *In-home care* is care by nonrelatives in the child's home (e.g., nannies, au pairs, and babysitters). *Unlicensed family child care* is care by a nonrelated provider in that person's home that is legally exempt from licensing requirements. The size of these homes varies from state to state according to the individual state regulatory requirements.

3. When comparing usage data from these various data sets it is important to keep in mind that, in addition to differences in geographical locations and data collection time points, varying target populations (e.g., children under age five, low-income families, young mothers, employed mothers, AFDC mothers, etc.) and other methodological differences may have influenced their results. So that differences between research studies could be reviewed, the abstracts in this report include information on study design. For a list of some methodological differences that are worth considering, please refer to Appendix B of this document.

4. The NHES includes five-year-olds who have not yet entered school.

5. Data based on statistics from Hofferth et al. (1991) after parental care was removed from the denominator of statistics on primary child care arrangements for youngest child in household. Although the complete NCCS data set was larger, for comparison purposes, data in this table are limited to households with an employed mother and at least one child under age five. Due to rounding error, percentages do not sum to 100 percent.

6. Data based on statistics from Casper (1997) after parental care was removed from the denominator on primary child care arrangements for youngest child in household. Sample limited to households with an employed mother and at least one child under age five.

7. Data based on statistics from West et al. (1996) after parental care was removed from the denominator on child care arrangements for up to two children in the respondent's household. Note that usage data were not limited to primary care arrangements; if a child spent time in more than one setting on a regular basis, all of these settings were counted, regardless of the amount of time spent in each arrangement. As a result, percentages do not sum to 100 percent. Also note that the sample included households with employed mothers as well as nonemployed mothers, and child care usage data were collected for up to two children in the respondent's household who were under age six but had not yet entered school.

8. Since these reports did not present data on regulatory status, this category includes both regulated and unregulated family child care homes.

9. Definitions of "other care" vary. For the NHES and NLSY, other care includes all nonrelative care. For the NCCS, this category is defined as including lessons, sports, clubs and self-care. For the SIPP, this category includes all school-based activities.

10. Data based on statistics from Low and Spindler, 1968 (cited in Hofferth et al., 1991).

11. Data for 1977–1985 based on statistics from U.S. Bureau of the Census, 1982, 1983, 1987 (cited in Hofferth et al., 1991).

12. Since these reports did not present data on regulatory status, this category includes both regulated and unregulated family child care homes.

13. The exception is in-home care, which, while infrequent, is most likely to be used by the most highly educated mothers and families in the highest income category (Casper, 1997; Hofferth et al., 1991; West et al., 1996).

14. Examples of policies that take away employee's flexibility include inflexible work schedules, rotating shifts, overtime, quotas for billable hours, severe absenteeism policies, and scheduling business meeting early, later, or at the lunch hour.

15. The California Greater Avenues for Independence (GAIN) program mandates that AFDC recipients work, prepared for work, or attend school after their youngest child reached age three. Local GAIN programs offer various services to help recipients move from welfare-to-work, including child care assistance through vender-voucher arrangements with family babysitters and private child care providers (Gilbert et al., 1992).

16. After starting GAIN activities, usage of child care subsidies increased from 36 percent to 98 percent.

17. Project Chance is Illinois' welfare-to-work program. Participants are potentially eligible for child care assistance while they are in school or traveling to school or engaged in other employment and training activities. At the time of the survey, 47 percent of all the people who said they were currently in Project Chance reported receiving child care assistance from the state (Siegel and Loman, 1991).

18. This program guarantees one year of child care subsidies to families required to leave AFDC for work under the Family Support Act (Siegel and Loman, 1991).

19. Note that increases in Project Chance participants' use of center care was due in large part to the availability of centers at community colleges where many participants attended classes. Also, Project Chance participants who had been given information about child care providers through the Illinois Department of Public Aid were significantly more likely to be successful in obtaining formal facility

care (Siegel and Loman, 1991).

20. Data limited to expenditures for the primary care arrangement used by the youngest child in the respondent's household; households limited to those with employed mothers paying for child care. Note that data for 1975–1990 are represented in constant 1990 dollars, while 1993 data represent 1993 dollars.

21. Source: National Childcare Consumer Study (Unco, 1975, in Hofferth et al., 1991).

22. Source: National Longitudinal Survey of Youth (Hofferth, 1987, in Hofferth et al., 1991).

23. Source: National Child Care Survey (Hofferth et al., 1991).

24. Source: Survey of Income and Program Participation (Casper, 1995).

25. Since these reports did not present data on regulatory status, this category includes both regulated and unregulated family child care homes. Note that, because a large proportion of unregulated family child care homes do not report their income, cost data for family child care homes may be unreliable; Kahn and Kamerman (1987) report that 94 percent of family child care is carried out through "largely invisible and unprotected" cash transactions (Hayes et al., 1990).

26. Research has suggested that regulated family child care homes charge more than unregulated homes (Fosburg, 1981, in Hayes et al., 1990; Galinsky et al., 1994).

27. Measured in 1990 dollars.

28. Requirements mentioned included: a physical exam at the provider's expense, attending 6 hours of training, being monitored regularly, having a structured program, and paying a one-time $25 registration fee.

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Abstracts of Research Reports on Informal Child Care

Type of Informal Child Care Information Provided in Each Research Report

Report Title	Overall Usage and Trends in Child Care	Family Characteristics	Parental Preferences and Constraints	Child Care Costs	Provider Characteristics	Quality of Care/Experiences for Children and Parents	Impact of Welfare/Child Care Subsidy Policies
Rural and Urban Families' Use of Child Care. (1994). Alice M. Atkinson.	✓	✓	✓	✓			
Child Day Care and the Employment of AFDC Recipients with Preschool Children. (1993). Gary L. Bowen and Peter A. Neenan	✓	✓	✓			✓	
Caring for Children in Low-Income Families: A Substudy of the National Child Care Survey, 1990. (1993). April A. Brayfield, Sharon Gennis Deich, and Sandra L. Hofferth.	✓	✓	✓		✓		✓
No Place Like Home: A Study of Subsidized In-Home and Relative Child Day Care. (1991). Joyce Butler, Nancy Brigham, and Susan Schultheiss.			✓		✓	✓	✓
Child Care Arrangements for Children Under Five: Variation Across States. (2000). Jeffrey Capizzano, Gina Adams, and Freya Sonestein.	✓	✓	✓				
Patterns of Maternal Employment and Child Care for a Sample of Two-Year-Olds. (1992). Grace-Ann L. Caruso.	✓	✓				✓	
What Does it Cost to Mind Our Preschoolers? (1995). Lynne M. Casper.				✓	✓		
Who's Minding Our Preschoolers? (1997). Lynne M. Casper.	✓	✓	✓				
From a Parent's Point of View: Measuring the Quality of Child Care. (1999). Arthur C. Emlen, Paul E. Koren, and Kathryn H. Schultze.		✓	✓		✓	✓	✓
Part-Time Work and Child Care Choices for Mothers of Preschool Children. (1993). Karen Fox Folk and Andrea H. Beller.	✓	✓			✓		

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For Love of Money: Costs of Child Care by Relatives. (1994). Karen Fox Folk.	✓	✓		✓	✓		
Remember the Children: Mothers Balance Work and Child Care Under Welfare Reform. (2000). Bruce Fuller, Sharon Lynn Kagan, et al.	✓		✓		✓	✓	✓
The Study of Children in Family Child Care and Relative Care: Highlights of Findings. (1994). Ellen Galinsky, Carollee Howes, Susan Kontos, and Marybeth Shinn.		✓	✓	✓	✓	✓	
GAIN Family Life and Child Care Study. (1991). Neil Gilbert, Jill Duerr, and Marcia K. Meyers.	✓	✓	✓			✓	✓
National Child Care Survey, 1990. (1991). Sandra L. Hofferth, April Brayfield, Sharon Deich, and Pamela Holcomb.	✓	✓	✓	✓	✓	✓	
Grandparents who parent their grandchildren: Effects on Lifestyle. (1993). Margaret Platt Jendrek.					✓		
Determinants of Child Care Ideals Among Mothers of Preschool-Aged Children. (1989). Karen Oppenheim Mason and Karen Kuhlthau.	✓	✓	✓				
Child Care in JOBS Employment and Training Programs: What Difference Does Quality Make? (1993). Marcia Meyers.	✓						✓
Characteristics of Infant Child Care: Factors Contributing to Positive Caregiving. (1996). NICHD Early Child Care Research Network.					✓	✓	
Poverty and Patterns of Child Care. (1997). NICHD Early Child Care Research Network.	✓	✓				✓	✓

Type of Informal Child Care Information Provided in Each Research Report

REPORT TITLE	Overall Usage and Trends in Child Care	Family Characteristics	Parental Preferences and Constraints	Child Care Costs	Provider Characteristics	Quality of Care/Experiences for Children and Parents	Impact of Welfare/Child Care Subsidy Policies
Patterns and Growth of Child Care Voucher Use by Families Connected to Cash Assistance in Illinois and Maryland: A Report of the NCCP Child Care Research Partnership. (1999). Jessica Brickman Piecyk, Ann Collins, and J. Lee Kreader.	✓	✓			✓		✓
Neighborhood Child Care: Relatives Friends and Neighbors Talk about Caring for Other People's Children. (1998). Toni Porter.			✓		✓	✓	
Some economic complexities of child care provided by grandparents. (1989). Harriet B. Presser.	✓	✓		✓	✓		
Child Care and AFDC Recipients in Illinois: Patterns, Problems and Needs. (1991). Gary L. Siegel and L. Anthony Loman.	✓	✓	✓	✓	✓	✓	✓
REACH/JOBS Participants "Approved Home" Child Care Survey. (1991). Janet Rosenzweig Smith.		✓	✓		✓	✓	
Statistics in Brief: Child Care and Early Education Program Participation of Infants, Toddlers, and Preschoolers. (1996). Jerry West, Dee Ann Wright, and Elvie Germino Hausken.	✓	✓	✓				
Raised in East Urban: Child Care Changes in a Working Class Community. (1991). Caroline Zinsser.	✓	✓	✓	✓	✓	✓	

Rural and Urban Families' Use of Child Care. (1994). Alice M. Atkinson. *Family Relations,* 43(1), pp. 16–22.

Subject categories Usage and Trends; Family Characteristics; Parental Preferences/Constraints; Child Care Costs

Purpose of report This report provides information on rural families' selection and use of child care and compares it with child care use by urban families in the same Midwestern county.

Study design

Data sources: Telephone interviews of 982 mothers

Year(s) of data collection: 1990–1993

Data collection sites: 11 rural communities and an urban center in the same Midwestern county

Sample design: Randomly selected samples from birth certificates and newspaper announcements in rural and urban communities

Target group: Mothers who gave birth in a Midwestern county between May 1984 and April 1990

Sample size: 199 rural mothers and 763 urban mothers

Data collection method: Telephone interviews

Definition of child care: All child care provided to all children in the respondent's household

Types of child care included in study: Relative care; in-home care; family child care; center-based care (e.g., child care centers and preschools); and other care arrangements

Definition of informal child care: Relative care and in-home care

Notes/limitations: Fewer low-income families may have been contacted because they were less likely to have telephones.

Relevant findings

- **Rural mothers were significantly more likely than urban mothers to use relative care (45 percent versus 36 percent), especially for children under age two.** Among rural families, relatives provided care outside the child's home for 42 percent of the children under age two, 25 percent of the preschoolers, and 15 percent of the school-age children. For urban families, the percentage of relative care provided outside the child's home was fairly constant across age groups. Urban families were twice as likely as rural families to use in-home sitter child care for children under age two.
- **Almost two-thirds of both rural and urban families paid for child care, with fewer relatives receiving pay than nonrelatives.** Seventy percent of relatives who provided care in the child's home and 84 percent of relatives providing care outside the child's home did not charge for care.
- **Both rural and urban mothers identified and selected caregivers from among personal acquaintances or relatives or based on the recommen-**

dation of a friend or co-worker. Caregivers who were personally known to the mothers were more often selected by both rural and urban mothers when care was needed for reasons other than employment. Child care was used for employment about half the time by both rural and urban mothers.

Child Day Care and the Employment of AFDC Recipients with Preschool Children. (1993). Gary L. Bowen and Peter A. Neenan. *Journal of Family and Economic Issues,* 14(1), pp. 49–68.

Subject categories Usage and Trends; Family Characteristics; Quality of Care

Purpose of report This article examines the degree to which expanding the supply of publicly subsidized child care in local communities may promote, through employment, independence from welfare and economic self-sufficiency for AFDC recipients with children under age five. It analyzes the job-related attitudes and behaviors of AFDC recipients to determine preferences for and use of child care resources, the extent to which they perceive lack of available child care to be a barrier to employment, and their interest in a special initiative that would find child care for their children and fund some or all of its cost while they pursue full-time work.

Study design

Data sources: AFDC recipients enrolled in a demonstration program designed to expand subsidized child care to parents with children under age five

Year(s) of data collection: 1989

Data collection sites: Mecklenburg County, North Carolina

Sample design: Systematic random sample of AFDC cases meeting the target group criteria selected from the North Carolina Department of Human Resources AFDC master check file

Target group: AFDC recipients (not exempt from WIN or CWEP work requirements) with at least one unsubsidized child under age five

Sample size: 46 employed and 186 unemployed AFDC recipients

Data collection method: Semi-structured telephone interviews with parents

Definition of child care: Primary child care arrangements used by youngest child while the respondent works

Types of child care included in study: Parental care; sibling care; relative care; care by friends, neighbors, and sitters (i.e., in-home care and unregulated family child care); and organized child care facilities (e.g., child care centers and preschools)

Definition of informal child care: Parental and sibling care; relative care; and care by friends, neighbors and sitters

Notes/limitations: Working telephone numbers only established for 48 percent of initial sample; interviews administered to 79 percent of these families.

Relevant findings

- **A majority of the employed AFDC mothers relied on an informal provider to care for their youngest child while they worked.** Among the 89 percent who relied on nonparental/sibling care, 68 percent used a relative (46 percent), sitter (12 percent), or friend or neighbor (10 percent) for their youngest child's primary child care arrangement. Thirty-two percent of these mothers primarily relied on formal care arrangements, such as care within regulated family child care homes, centers, and preschools.
- **When unemployed AFDC mothers were asked who would likely care for their youngest child if they were to work, only 36 percent said they would rely primarily on organized child care facilities.** Thirty-nine percent reported they would turn to one of the child's grandparents (22 percent), other relatives (11 percent), a friend/neighbor (4 percent), or sitter (2 percent). Another 1 percent said they would have the child's other parent provide care while they worked, and 24 percent said they would not have any child care provider help them.
- **Among employed AFDC mothers, mothers who worked evening and night shifts were significantly more likely than mothers who worked day-shifts to rely on an informal child care arrangement for their youngest child.** While 59 percent of day-shift workers relied on an informal arrangement (including parental and sibling care), 94 percent of evening and night-shift workers used this type of care.
- **Employed AFDC mothers who used informal care arrangements (including parental and sibling care) did not significantly differ from employed AFDC mothers who used organized facilities on several key demographic characteristics.** Data suggested that they did not statistically differ in their education level, whether they worked full-time or part-time, the days of the week that they usually worked, or the number of months they had been employed. There were also no significant differences in the age of their youngest child.
- **Employed AFDC mothers relying on formal providers were more likely to be satisfied with their child chare arrangements than employed AFDC mothers using informal arrangements** (including parental and sibling care). Analysis by the type of main provider showed that a higher proportion of respondents using organized facilities preferred their present arrangement (91 percent) than those using informal sources of care (52 percent).

Caring for Children in Low-Income Families: A Substudy of the National Child Care Survey, 1990. (1993). April A. Brayfield, Sharon Gennis Deich, and Sandra L. Hofferth. Urban Institute Press, 2100 M Street, NW, Washington, DC 20037. (877) 847-7377 (120 pp.; $24.50 + $3 p/h).

Subject categories Usage and Trends; Family Characteristics; Parental Preferences/Constraints; Provider Characteristics; Impact of Subsidy Policies

Purpose of report This report examines the child care arrangements of low-income children under age 13. Three fundamental issues are investigated: (1) types of child care arrangements used by low-income families, (2) the amount low-income families spend on child care, and (3) the child care preferences of low-income parents.

Study design

Data sources: Sub-sample of the National Child Care Survey (NCCS) and its low-income supplement

Year(s) of data collection: 1990

Data collection sites: NCCS: 100 counties/county groups in the U.S. with a high proportion of children under five years of age. Low-income supplement: telephone prefix areas within these counties that had a median household income below $15,000

Sample design: Random-digit-dial sample of households within the data collection sites

Target group: NCCS households with one or more children under age 13 and an annual income below $15,000

Sample size: 973 low-income households with 1,751 children under age 13

Definition of child care: Primary child care arrangement used by all children under age 13. These arrangements are not limited to those made while the mother works. They include all regularly scheduled arrangements mothers make when they are not available and/or in order to provide an enriching experience for their child(ren).

Types of child care included in study: Parental care; relative care; in-home care; family child care; center-based care; and other types of child care arrangements (e.g., lessons, sports, clubs, and self-care)

Definition of informal child care: Care by relatives and in-home care providers

Data collection method: Computer-assisted telephone interviews conducted with parents

Relevant findings

- **Among low-income children using nonparental child care, almost half (46 percent) relied on an informal provider for their main child care arrangement.** Trends in informal child care usage did not vary significantly by age of child, although slightly more school-age children relied on in-home care providers. Forty-two percent of the children under age five and 38 percent of the school-age children were cared for by a relative, and 4 and 8 percent, respectively, of these children were cared for by an in-home care provider.

- **Most relative care was provided by grandparents, especially when this care was being provided for younger children.** For those children under age five cared for primarily by a relative, 76 percent had a grandparent as their primary child care provider. Grandparents provided care for 55 percent of the school-age children who used relative care as their primary child care arrangement.
- **Among low-income children using nonparental child care, school-age children in single-parent households were more likely to use informal providers as their primary source of child care than school-age children in dual-parent households.** Forty-two percent of the school-age children living in single-parent households used relative care, while only 37 percent of the school-age children in dual-parent households used this type of care. There were no significant differences in the use of informal child care by children under age five living in single versus dual-parent households.
- **Among low-income children using nonparental child care, maternal employment status and participation in education and training programs were highly correlated with whether families used informal care for their primary form of child care assistance.** These trends varied with the child's age. For children under age five, informal child care options were used by 55 percent of children of unemployed mothers not attending education or training programs, 40 percent of the children of employed mothers, and 36 percent of the children of unemployed mothers attending education or training programs. For the school-age children, informal child care options were used by 36 percent of children of unemployed mothers and 54 percent of children of employed mothers.
- **Among low-income children using nonparental child care, children of mothers working full-time were more likely to use relative care than those of mothers working part-time.** These trends were similar for children under age five and school-age children, although school-age children of employed mothers were more likely to use relative care in general. For the children under age five, 41 percent with full-time working mothers used relative care, compared with 34 percent with part-time working mothers. For school-age children, 49 percent with full-time working mothers used relative care, compared with 44 percent with part-time working mothers.
- **Among low-income children using nonparental child care, families receiving direct financial assistance for their youngest child were much less likely than those not receiving such assistance to use relative care (21 percent versus 67 percent), and much more likely to use center care (72 percent versus 16 percent).** Similarly, families using center care as the main arrangement for their youngest child were much more likely to report receiving financial assistance (43 percent) than those relying on family day care homes (6 percent) or relatives (5 percent).
- **Among low-income families using nonparental care for a child under age five, parents were most highly satisfied with the youngest child's main arrangement if a relative cared for their child (81 percent were**

"**highly satisfied**"). Parents of children under age five were least satisfied with center care, although they were still quite satisfied in general (60 percent were "highly satisfied").

- ***At the same time, low-income families relying on relatives as the main child care provider for their infant to four-year-old child were the most likely to want to change arrangements (36 percent), while low-income families relying on center care were the least likely to want a change (19 percent).*** Furthermore, the majority of parents who wanted to change child care arrangements (68 percent) preferred center-based programs. Quality, not cost, was the reason cited most often by parents who preferred an alternative arrangement.

No Place Like Home: A Study of Subsidized In-Home and Relative Child Day Care. (1991). Joyce Butler, Nancy Brigham, and Susan Schultheiss. Rosenblum and Associates. Distributed by the Rhode Island Department of Human Services, Louis Pasteur Building #57, 600 New London Avenue, Cranston, RI 02920. (401) 462-3415/ Fax (401) 462-6878. (76 pp. + appendices; Free).

Subject categories Parental Preferences/Constraints; Provider Characteristics; Quality of Care; Impact of Subsidy Policies

Purpose of report This report documents the results of a 1991 study undertaken by the Rhode Island Department of Human Resources' (DHR) Office of Child Care to learn more about the characteristics of the in-home and relative child care providers from whom they purchased care. This study examines the experiences and level of quality within these child care settings, the types of support and training needed by these providers, and parental preferences and satisfaction. It also describes the system of care that exists in Rhode Island, explores the system of in-home and relative care in the other states, and examines the impact of federal policy on the system.

Study design

Data sources: Child care providers enrolled in Rhode Island's in-home and relative care subsidy system

Year(s) of data collection: 1991

Data collection sites: Rhode Island

Sample design: Nonprobability sample of providers subsidized for providing child care in both August and September 1991. This represents an oversampling of low-income children and an undersampling of AFDC recipients in the system. Parent sample generated from the sample interviewed providers.

Target group: Providers enrolled in Rhode Island's in-home and relative care subsidy system and parents of children cared for by these providers

Sample size: 50 providers (38 relative and 12 in-home providers) and 26 parents

Data collection method: Telephone interviews with parents and on-site observations and semi-structured in-person interviews with providers

Definition of child care: Insufficient information

Types of child care included in study: Relative and in-home care

Definition of informal child care: Relative and in-home care

Notes/limitations: Although considered informal, all providers in this sample had to go through Rhode Island's approval process to receive child care subsidies. Also, when observing provider homes, interviewers could not observe the entire house or even the complete contents of any one room.

Relevant findings

- **A majority of the providers interviewed had not taken any college or post-secondary education courses, and a significant proportion did not have a high school diploma.** Overall, 41 percent of the providers had not completed high school, 44 percent were high school graduates or had earned a GED, and 15 percent had some college or post-secondary education. About one-quarter of the providers reported some special training in child care or parenting. However, specific instances of training tended to be ancillary, such as Cardiopulmonary Resuscitation training (CPR), or conducted during a single day, such as a workshop given at a local department store.
- **The average age of the providers was 48 years with a considerable difference between relatives and in-home providers.** The average age for relatives was 54 years, while in-home providers averaged 36 years. Most of the relative providers were grandparents of the children for whom they cared.
- **More than one-third of the providers cared for children before 7 a.m. or after 6 p.m.** The maximum number of subsidized children in the care of any one provider was four, and the average was two.
- **Almost all of the providers learned about the in-home and relative care subsidy program from the mother of the child(ren) for whom they were caring.** Overall, providers were very positive about the subsidy program and about their dealings with the Rhode Island DHR. Most providers said that they were likely to continue to provide child care for the subsidized children after the availability of DHR funding ended. A majority (84 percent) said that, although they could manage if they were not reimbursed for child care, there might be some trade-offs involved. For example, they might have to cut down on food or find an additional source of income like caring for another child.
- **Virtually all the child care settings were clean and tidy, and nearly 60 percent of the homes were free of safety hazards such as open electrical outlets, peeling paint, or open windows.** Overall, observers found 48 instances of safety problems that affected a total of 21 homes.
- **Although almost all of the in-home and relative providers had toys in their homes, about 75 percent were noneducational.** All but a few homes had a television set and, in some homes, it appeared that the TV was always on, whether or not anyone was watching it. Books were observed in less than half of the homes visited.

- **Almost three-quarters of the providers reported that other adults (who may not have been submitted to a criminal records check) were likely to be present when the provider was caring for children.** In most of these cases, these other adults assisted with child care responsibilities with the likelihood being much greater among relatives (76 percent) than among in-home providers (24 percent).
- **Less than half of the providers said they had considered becoming a licensed family child care provider.** Urban providers were more interested than rural and suburban providers in changing their regulation status.
- Most of the in-home and relative providers said that child care training services would not be helpful to them, although 87 percent expressed interest in get-togethers or support groups to learn more about child care. Urban providers (92 percent) were more likely than rural/suburban providers (70 percent) to say they would be able to attend such sessions. A majority of parents thought it would be helpful for DHR to offer child care training for providers in the areas of discipline and child rearing (63 percent), and in health and nutrition (31 percent).
- **Most of the parents reported that in-home or relative care was the type of child care they preferred for their child.** Eighty-five percent of the parents did not consider another type of child care in making their decision to use in-home or relative care. Almost all of the parents had heard about the in-home and relative care subsidy option from their welfare office or welfare-to-work program. For 65 percent of the parents, this was the only type of subsidized care that was described to them. However, 70 percent said that helpful information was not withheld from them when they made their child care decision.

Child Care Arrangements for Children Under Five: Variation Across States. (2000). Jeffrey Capizzano, Gina Adams, and Freya Sonestein. The New Federalism: National Survey of America's Families, Series B, No. B-7. The Urban Institute, 2100 M Street, NW, Washington, DC 20037. Report can be downloaded from the Urban Institute's Web site <http://www.urban.org> click on "Assessing the New Federalism").

Subject categories	Usage and Trends; Family Characteristics; Parental Preferences/Constraints
Purpose of report	This report provides information on the primary child care arrangements used by children under age five with employed mothers nationally and across a number of states. The impact of child age and family income on child care choices is also examined.
Study design	***Data sources:*** National Survey of America's Families (NSAF) ***Year(s) of data collection:*** 1997

Data collection sites: National sample of U.S. households and individual samples of households in 12 states

Sample design: Random sample of U.S. households.

Data collection method: Parent interviews

Target group: Employed mothers with children under age five

Sample size: Over 44,000 households

Definition of child care: Primary child care arrangement used by one (randomly selected) child while the mother works

Types of child care included in study: Parental care; relative care; in-home care; family child care; and center-based child care

Definition of informal child care: Relative care and in-home care

Notes/limitations: Questions about parental care were not included in the survey, and parental care was assumed if no child care arrangement was reported. Parental care could be provided by another parent or by the working parent while working either at home or away from home. In California 34 percent of employed mothers reported using the "parental care" category of care.

Relevant findings

- **Over one-third of all children using nonparental care arrangements primarily relied on a relative (30 percent) or in-home care provider for their primary care arrangement each week.** Another 21 percent primarily relied on either regulated or nonregulated family child care, and 42 percent relied on center-based arrangements, including child care centers, Head Start programs, preschool, prekindergarten classes, and before/after-school programs.
- **National estimates of child care masked sizable state variation in the use of specific primary child care arrangements.** For example, among families using nonparental care, the percentage of young children in relative care ranged from 18 percent in Minnesota to 39 percent in California. In-home care usage ranged from 2 percent in Mississippi to 16 percent in New York. States also differed from each other in the distribution of children across all arrangements. This diversity was found even among states that were similar on one dimension of child care.
- **Nationally, infants and toddlers were more likely to be with relatives, while three- and four-year-olds were more often found in center-based arrangements.** Among infants and toddlers using nonparental care, 37 percent were in relative care, while smaller proportions were found in center-based care (30 percent), family child care (23 percent), and in-home care (10 percent). Over half (55 percent) of all preschoolers relied on center-based care, while only 21 percent used relative care as their primary child care arrangement. The three- and four-year-olds were also less likely than infants and toddlers to use family child care (17 percent) and in-home care (7 percent).
- **With regard to child age, national patterns generally held true across the individual states.** In every state, infants and toddlers were more likely than preschoolers to use relative care, while preschoolers were more likely to use center-based care. The proportion of children in each primary care

arrangement, however, varied widely from state to state for both age groups and, in Minnesota and Florida, infants and toddlers were more likely to use center-based care than care by relatives or any other single arrangement. Also, differences in usage of family child care and in-home care were not significant in some states, and, in Michigan, preschoolers were more likely than infants and toddlers to use in-home care.

- **Nationally, children from lower-income families were more likely to be in relative care arrangements, while children from higher-income families were more likely to be in center-based arrangements.** Among children using nonparental child care, 39 percent of those from families earning 200 percent of the federal poverty level or less were using relative care, compared with 25 percent of families earning above 200 percent of the federal poverty level. In-home care usage was low for all income groups, although usage increased as family income increased.
- **With regard to income, national patterns generally held true across the individual states.** However, there was great variety in the primary child care arrangements used by both low-income and higher-income children across the states. Also, contrary to national trends, more children from lower-income families in Massachusetts were in center-based care than children from higher-income families, who were more likely to use relative care.

Patterns of Maternal Employment and Child Care for a Sample of Two-Year-Olds. (1992). Grace-Ann L. Caruso. *Journal of Family Issues,* 13(3), pp. 297–311.

Subject category Usage and Trends; Family Characteristics; Quality of Care

Purpose of report This article demonstrates the need to treat child care and maternal employment as distinct variables, regardless of their apparent strong correlation. It suggests that, although projections of child care demand usually cite statistics on the number of mothers in the workforce, evidence indicates that a significant percentage of employed mothers rely on parental care.

Study design

Data sources: Sample screener data from a large study of parent-caregiver relationships and toddler behavior

Year(s) of data collection: 1989

Data collection sites: 4 medium-sized communities in Connecticut: Meriden, Middletown, Norwich, and Willimantic

Sample design: Random selection of 3,300 families who announced the birth of a child in their local newspaper from January through July 1987

Data collection method: Semi-structured telephone interviews designed to identify families with two-year-old children who use some form of nonparental care

Target group: Families with a two-year-old child

Sample size: 464 families

Definition of child care: Primary child care arrangement used by respondent's two-year-old child

Types of child care included in study: Parental care; relative care; care by friends, neighbors and sitters (i.e., in-home care and unregulated family child care); family child care; and center-based care

Definition of informal child care: Relative care and care by friends, neighbors and sitters

Notes/limitations: The population from which the sample was drawn may not be representative of families of toddlers nationwide. Caution should be used in generalizing findings to other populations since variations found in the present sample are not consistent with national statistics on the extent of maternal employment and type of care used.

Relevant findings

- **Over two-thirds of families, including those where all parents residing in the household were employed and those with mothers who were not employed, used parental care as the primary care arrangement for their two-year-old.** Among parents who relied on nonparental care, 44 percent relied on informal arrangements, including relative care (28 percent) or care by a friend, neighbor, or sitter (16 percent). The remainder relied on formal arrangements such as a family child care home (40 percent) or child care center (16 percent).
- **Employed mothers were more likely than nonemployed mothers to rely on nonparental child care arrangements, but half of them still used parental care as the primary child care arrangement for their two-year-old.** Among families with employed mothers who used nonparental care arrangements, 41 percent relied on informal care, either relative care (35 percent) or care by a friend, neighbor, or sitter (6 percent). The rest relied on a family child care home (43 percent) or child care center (16 percent).
- **Increased hours of maternal employment were associated with increased use of formal child care resources.** The average number of hours of employment for mothers of toddlers in formal care settings (32.6 hours) was greater than the average number of hours of employment for mothers of toddlers in informal care settings (27.5 hours), and the average number of hours of employment for mothers with toddlers in informal care was greater than the average number of hours of employment for mothers of toddlers in parental care (21.7 hours).
- **Informal care arrangements were the most commonly used form of supplemental (secondary) child care for toddlers.** Although a majority (76 percent) of the parents reported that they did not use supplemental care arrangements for their toddlers, 10 percent reported that they had relatives care for their toddlers to supplement their primary child care arrangement, and 7 percent have friends or neighbors provide this service. Formal child care resources, such as family child care homes or child care centers, were rarely reported as sources of supplemental care.

What Does it Cost to Mind Our Preschoolers? (1995). Lynne M. Casper. *Current Population Reports, Household Economic Studies, P70-52.* U.S. Department of Commerce, Washington, DC. Report and tables can be downloaded from the Census Bureau's Web site <http://www.census.gov/population/www/socdemo/childcare.html>.

Subject category Child Care Costs; Provider Characteristics

Purpose of report This report examines the characteristics of families with employed mothers who pay for child care for their children under five years of age. It includes tables on the average costs of child care for preschoolers by type of care used, as well as by various demographic fac*ors.

Study design

Data sources: Sub-sample of the U.S. Census Bureau's 1993 Survey of Income and Program Participation (SIPP)

Year(s) of data collection: 1993

Data collection sites: National sample of U.S. households

Sample design: Random sample of U.S. households

Data collection method: In-person interviews with parents

Target group: Employed mothers who pay for nonparental care for at least one child under age five

Sample size: 9,937 children

Definition of child care: Primary child care arrangement used by the youngest child while the respondent works

Types of child care included in study: Relative care; in-home care; family child care; and organized child care facilities (e.g., child care centers and preschools)

Definition of informal child care: Relative care and in-home care

Relevant findings

- **Mothers were least likely to pay for child care when care was provided by a relative.** Cash payments were made for only 17 percent of relative care arrangements compared with 90 percent of care by nonrelatives, including in-home care providers (84 percent), family child care homes (92 percent), and organized child care facilities (89 percent).
- **In-home care providers and organized child care facilities were the most expensive forms of care.** Among mothers who paid for child care for their infant to five-year-old child, the average weekly child care payment was $57. Mothers using in-home care providers spent an average of $68 per week, and mothers using organized child care facilities spent an average of $64. At the same time, the average weekly cost was $57 for families that used child care homes and $42 for relative care.
- **Mothers were most likely to place their child in the care of an older sibling's provider if an in-home provider was used.** Fifty-three percent of the children who used in-home care were in a shared arrangement, resulting in average weekly savings of $27 per arrangement. By comparison, 37 percent of preschoolers who were in relative care, 31 percent who were

in family child care homes, and 19 percent who were in organized child care facilities shared their paid child care arrangements with siblings. Even for children who shared paid arrangements, in-home care equaled care in an organized child care facility, as the most expensive form of care.

- **On average, children cared for by a paid in-home provider spent fewer hours per week in their primary child care arrangement.** Children using in-home care spent an average of 24 hours per week in this arrangement compared to an average of 28-29 hours in relative care, family child care, or organized child care.

Who's Minding Our Preschoolers? Fall 1994 Update. (1997). Lynne M. Casper. *Current Population Reports, Household Economic Studies, P70-62.* U.S. Department of Commerce, Washington, DC. Report and tables can be downloaded from the U.S. Census Bureau's site <http://www.census.gov/population/www/socdemo/childcare.html>.

Subject category

Usage and Trends; Family Characteristics; Parental Preferences/Constraints

Purpose of report

This report describes the types of child care arrangements used by employed mothers of preschool children. It includes tables on the demographic characteristics of families who rely on relative and in-home child care arrangements, and compares these figures to those of families who use more formal child care options.

Study design

Data sources: Sub-sample of the U.S. Census Bureau's Survey of Income and Program Participation (SIPP)

Year(s) of data collection: 1994

Data collection sites: National sample of U.S. households

Sample design: Random sample of U.S. households

Data collection method: In-person interviews with parents

Target group: Employed mothers with at least one child under age five

Sample size: 10,288 children

Definition of child care: Primary child care arrangement used by the youngest child while the mother works

Types of child care included in study: Parental care; relative care; in-home care; family child care; organized child care facilities (e.g., centers, nursery schools and preschools) and other types of arrangements (e.g., school-based activities)

Definition of informal child care: Relative care and in-home care

Notes/limitations: Data for children primarily using parental or kindergarten care were excluded from the analysis for the development of this description.

Relevant findings

- **Of mothers using nonparental child care for their birth to 4 year old child, 40 percent relied on an informal provider as their primary child care arrangement.** Thirty-three percent primarily relied on relative care and 7 percent primarily used an in-home care provider. Most relative care was provided by grandparents.
- **Younger preschool-age children were more likely than older children to be cared for by an informal provider while their mother worked.** Forty-nine percent of children under age one in nonparental care were cared for by a relative (39 percent) or in-home provider (10 percent), compared with 29 percent of the four-year-old children (24 percent and 5 percent respectively).
- **Younger mothers were more likely than older mothers to rely on a relative to provide care.** In families with mothers aged 15 to 24, half of the children were cared for by a relative while their mother worked, while only 28 percent of children of mothers over age 34 relied on this type of care. Similarly, unmarried working mothers were more likely than those who were married to rely on a relative for care. While 46 percent of the children of unmarried mothers used relative care, this type of care was used by only 28 percent of the children of married mothers.
- **Mothers who worked evening or night shifts were more likely than those who worked day shifts to rely on a relative to care for their child.** Forty-two percent of the children of non-day-shift working mothers were cared for by a relative, while only 29 percent of the children of day-shift workers relied on relative care.
- **Mothers employed part-time were more likely than those employed full-time to rely on a relative to care for their child.** Forty percent of the children of mothers employed part-time, compared with 31 percent of the children of mothers employed full-time, used relative care as their primary child care arrangement.
- **Poor families were more likely than nonpoor families to rely on a relative to care for their child while the mother worked.** Almost half of the children in poor families were cared for by a relative, while only 32 percent of the children in nonpoor families were in relative care.
- **Mothers receiving welfare benefits were more likely than those not receiving benefits to use relative care for their child, but less likely to use in-home care.** Almost half of young children in families receiving either General Assistance, AFDC, Food Stamps, or WIC benefits were cared for by extended family members, while only 31 percent of the children in families that did not receive these benefits used this type of care.
- **More educated mothers were less likely to place their children in the care of a relative while they worked, but more likely to rely on an in-home care provider.** Twenty-five percent of the children of mothers who had attended at least some college were in relative care compared with 42 percent of the children of mothers who had not gone to school beyond high school and almost half of mothers who had not earned a high school diploma.

- **Black and Hispanic mothers relied more heavily on relatives to provide child care than did white mothers.** Forty-six percent of the care received by Black and Hispanic children was provided by a grandparent or other relative compared with only 29 percent of the care received by white children.
- **There were small regional differences in the use of informal care providers, but there were no significant differences in the use of informal care in metropolitan and nonmetropolitan areas.** Children in nonmetropolitan areas were just as likely as the children in metropolitan areas to use relative care (35 percent and 33 percent), but slightly less likely to use an in-home care provider (4 percent versus 8 percent).

From a Parent's Point of View: Measuring the Quality of Child Care. (1999). Arthur C. Emlen, Paul E. Koren, and Kathryn H. Schultze. Final Report. Regional Research Institute for Human Services, Portland State University, P.O. Box 751, Mail Code RRI, Portland, OR 97207. (503) 725-4066/Fax (503) 725-4080. (89 pp.; $20; *Scales,* 56 pp.; $10 payable to PSU).

Subject categories Family Characteristics; Parental Preferences/Constraints; Provider Characteristics; Quality of Care; Impact of Subsidy Policies

Purpose of report This report examines the child care decisions of families using higher- versus lower-quality care and how socioeconomic, market, and family factors impact these decisions. Specifically, it focuses on the characteristics of families using different forms of care and the characteristics of child care providers.

Study design

Data sources: Quality-of-Care study; Kansas City Replication Study; and Oregon Child Care Provider Survey

Year(s) of data collection: *Quality-of-Care Study:* 1996. *Replication Study:* 1997. *Provider Survey:* 1998

Data collection sites: *Quality-of-Care Study:* Oregon, Washington, California, and eight other states. *Replication Study:* Kansas City, Missouri. *Provider Survey:* Oregon

Sample design: *Quality-of-Care Study:* Composite sample of parent questionnaires from more than a dozen sources including companies, child care assistance programs, child care resource and referral (CCR&R) agencies and programs serving children with disabilities. *Replication Study:* Sample of parents who had contacted a CCR&R agency in one of 78 zip code areas within Kansas city. *Provider Survey:* Sample of providers used by parents receiving child care assistance

Target group: *Quality-of-Care Study:* Families with at least one child under age 12. *Replication Study:* Families who contacted a CCR&R agency. *Provider Survey:* Providers caring for subsidized children

Sample size: *Quality-of-Care Study:* 862 families. *Replication Study:* 240 families. *Provider Survey:* 2,438 providers

Data collection method: Mail surveys to parents and providers

Definition of child care: *Quality-of-Care Study:* Primary child care arrangement for youngest child. *Replication Study:* Primary child care arrangement for youngest child for whom referral assistance was requested. *Provider Survey:* Child care arrangement used by any subsidized child in the respondent's household

Types of child care included in study: *Quality-of-Care Study:* Nuclear family care; relative care; in-home care; family child care; center-based care, e.g. child care centers and preschools; and other child care arrangements. *Replication Study:* Family child care; center care; and other child care arrangements. *Provider Survey:* Relative care, in-home care; family child care; and center-based care

Definition of informal child care: *Quality-of-Care Study:* Relative care and in-home care. *Replication Study:* Other child care (types of care not indicated). *Provider Survey:* Relative care and in-home care

Notes/limitations: Researchers used mean substitutions for the 6 percent missing data in answers to the scale items on the *Quality-of-Care Study.* By sampling current as opposed to terminated arrangements, the sample was less likely to include care of lower quality. Since the findings are correlational from a single snapshot in time, they need confirmation from longitudinal studies with further corroboration of parent perceptions. For the *provider surveys,* this sample was designed to be representative of the entire population of providers serving families receiving child care assistance in Oregon, but there may have been some unknown difference in nonresponse rates by different types of providers.

Relevant findings

- **Use of paid relative care was inversely related to household income.** According to the main quality-of-care study, 18 percent of Oregon children living in households earning under $20,000 used paid relative care, compared with only 4 percent of families making $65,000 or more. The relationship between household income and use of paid family child care was curvilinear, with 48 percent of families earning between $20,000 and $64,999 using paid family child care compared with only 35 percent of families earning under $20,000 and 25 percent of families earning $65,000 or more. Paid center care usage was most common among the highest income families.
- **Each choice of child care was associated with a unique pattern of flexibility.** It was theorized that a certain degree of flexibility is necessary in order to balance the competing demands of daily life and, for working parents, this flexibility must come from their workplace, their home life, or their child care arrangements; working parents with less control over their work schedules require more flexibility from their family and child care providers. Supporting this theory, the main quality-of-care survey found that child care centers offered the lowest level of caregiver flexibility, and were predominantly used by families who had a fair amount of flexibility at work and in their family situation. Families with the lowest level of flexibility at work or in their homes were most likely to use care by relatives or in-home

care providers. Relatives offered the highest level of caregiver flexibility, followed by in-home care providers and family child care homes.

- **Among providers caring for subsidized children, informal providers were more likely than formal providers to offer care during evenings, overnight, and during the weekend.** According to the provider survey, 78 percent of in-home care providers and 69 percent of relative care providers offered care during the evenings, compared with 53 percent of family child care homes and only 10 percent of centers. Sixty-seven percent of in-home care providers and 66 percent of relative care providers offered care during the weekends, compared with 46 percent of family child care homes and only 6 percent of centers. Forty-one percent of relatives and 40 percent of in-home care providers allowed children to stay overnight, compared with 35 percent of family child care homes and only 3 percent of child care centers.
- **Among providers caring for subsidized children, informal providers were just as likely as child care centers to offer drop-in care, although they were less likely than family child care homes to offer this service.** Drop-in care services were offered by 36 percent of relatives completing the providers survey; these services were also offered by 36 percent of the in-home care providers, 35 percent of the child care centers, and 56 percent of the family child care homes.
- **Among providers caring for subsidized children, informal providers were more likely than formal providers to offer care for sick children.** According to the provider survey, 63 percent of relative care providers and 62 percent of in-home care providers offered care during the evenings, compared with 40 percent of family child care homes and only 3 percent of centers.
- **Quality of care had no relationship to the type of child care used by the respondent's youngest child.** According to the main quality-of-care study, Oregon area parents relying on care by centers, family child care, paid relative care, and in-home care providers all reported similar variation in quality. Similar findings were also found by the Kansas City replication study of parents who had used a CCR&R agency.

Part-Time Work and Child Care Choices for Mothers of Preschool Children. (1993). Karen Fox Folk and Andrea H. Beller. *Journal of Marriage and the Family,* 55(1), pp. 146–157.

Subject categories Usage and Trends; Family Characteristics; Provider Characteristics

Purpose of report This article examines the interlocking nature of employment and child care decisions by mothers of children under age five. Countering the popular belief that child care choices always precede employment decisions, it tests a hypothesis that decisions about labor force participation and hours of work are jointly determined with available child care arrangements.

Study design

Data sources: Sub-sample of the National Survey of Families and Households (NSFH)

Year(s) of data collection: 1987–1988

Data collection sites: National sample of U.S. households

Sample design: Random cross-section of all households plus an oversampling of African-Americans, Puerto Ricans, Mexican-Americans, single-parent families, families with step-children, cohabiting couples, and recently married persons

Data collection method: For the NSFH, an interview-administered and self-administered survey was completed by one parent in each household, and a self-administered survey was completed by this person's spouse or cohabiting partner

Targeted group: Women with at least one child under age five

Sample size: 976 mothers

Definition of child care: Primary child care arrangement used by all children under age five in the respondent's household (combined)

Types of child care included in study: Nonmarket Care (care by a parent, older sibling, or other relative) and Market care (care provided by a babysitter, family child care home, nursery school, or day care center)*

Definition of informal child care: Nonmarket Care

Relevant findings

- **Children of employed mothers were more likely to use market care than nonmarket care.** Over half of the mothers (53 percent) in the sample chose not to work rather than combining child care with employment. Among children with employed mothers, more than half relied on market care.
- **Mothers employed full-time were more likely to use market care than mothers employed part-time (61 percent vs. 40 percent).**
- **Employment/care decisions were not significantly affected by the number of children under age 12 in the respondent's household.** Having a larger family did not significantly increase or decrease the odds of choosing any of the employment/care combinations over nonemployment, nor did it significantly affect the odds of choosing part-time work/market care or full-time work/nonmarket care over full-time work/market care. However, working part-time and relying on nonmarket care was not a popular option for mothers with infants.
- **Mother's age did not play a significant role in full-time working mothers' decisions to use market versus nonmarket care.** However, older mothers were more likely to choose nonemployment over all other employment/care combinations except part-time/nonmarket care.
- **The availability of a grandmother affected the choice of child care for employed mothers, but had no significant positive effects on labor**

* Child care types were analyzed as part of a particular combination of employment and child care options. These combinations included: part-time/nonmarket care, part-time/market care, full-time/nonmarket care, and full-time/market care.

force participation. Having a mother living within 15 miles of the respondent's home increased the odds of choosing either part-time or full-time work/nonmarket care over full-time work/market care. However, it did not have a significant impact on the mothers' choice of working and using nonmarket care over nonemployment.

- **Occupation was not significantly correlated with full-time working mothers' decisions to use market care versus nonmarket care.** However, working in either the sales or service occupations did increase the likelihood of working part-time and using nonmarket care rather than full-time work/market care. Almost 50 percent of those in sales and 30 percent of those in service occupations were expected to work part-time and use nonmarket care compared with only 10 percent of those in other occupations.
- **Having a variable schedule did not significantly impact decisions to use market versus nonmarket care.** However, having a variable schedule did increase the odds of choosing part-time employment and using either types of child care over choosing full-time work/market care.
- **For mothers working full time, higher wages significantly increased the likelihood that mothers would choose market care over nonmarket care.** However, it did not have the same affect on part-time working mothers' child care decisions.
- **Having a higher household income did not significantly increase the odds of choosing market care over nonmarket care.** It did, however, significantly increase the odds of choosing not to work over working full-time and using either type of child care. Education was not significantly correlated with decisions to use market care versus nonmarket care. Higher educational attainment, however, significantly decreased the likelihood of mothers choosing any of the employment/care choices over not working.
- **Identifying as African-American significantly increased the odds of using nonmarket care over market care.** It also increased the odds of choosing nonemployment over working part-time and using either child care option. However, it did not have a significant impact on decisions to work full-time versus staying out of the workforce.
- **Identifying as Hispanic did not significantly impact decisions to use market versus nonmarket child care.** Hispanic mothers had the highest predicted probabilities of nonemployment whether or not they were married.
- **Living in the South significantly increased the likelihood of using market care over nonmarket care.** This also increased the likelihood of choosing full-time market care over working part-time and using either market or nonmarket care. Southerners were more likely to choose full-time employment over nonemployment, but were not significantly more likely to choose part-time employment over nonemployment.
- **Among working mothers with children under age five, the estimated cost of child care did not significantly impact decisions to use market versus nonmarket care.** Estimated cost of care was only significant for

choosing full-time/market care over nonemployment, a finding which was likely related to the construction of the variable as predicted average expenditure for all types of care.

- **Among mothers with children under age five, those using nonmarket child care paid less for child care than those using market care.** Eighty-two percent of mothers using nonmarket care did not pay for these services. Moreover, the 18 percent of nonmarket care users who did pay for this care paid on average about half the amount paid by users of market child care ($30 per week versus $55 per week).

For Love or Money: Costs of Child Care by Relatives. (1994). Karen Fox Folk. *Journal of Family and Economic Issues,* 15(3), pp. 243–260.

Subject category

Usage and Trends; Family Characteristics; Child Care Costs; Provider Characteristics

Purpose of report

This report explores the nonmonetary and monetary patterns of exchanges for child care by relatives. The researcher examines two specific questions: (1) whether the role of nonmonetary or monetary exchanges affects the motives (altruistic or not) or payment (paid or unpaid) in child care by relatives and (2) the implications of the pattern of exchange for child care policy.

Study design

Data sources: Sub-sample of National Survey of Families and Households (NSFH)

Year(s) of data collection: 1987–1988

Data collection sites: National sample of U.S. households

Sample design: Random cross-section of all households plus an oversampling of African-Americans, Puerto Ricans, Mexican-Americans, single-parent families, families with step-children, cohabiting couples, and recently married persons

Target group: Women with at least one child under age five

Sample size: 878 mothers

Data collection method: For the NSFH, an interview-administered and self-administered survey was completed by one parent in each household, and a self-administered survey was completed by this person's spouse or cohabiting partner

Definition of child care: Primary child care arrangement used by all children under age five in the respondent's household (combined)

Types of child care included in study: Parental care; sibling care; relative care; and market-purchased care (e.g., babysitter, family child care home, nursery school, or day care center)

Definition of informal child care: Relative care

Notes/limitations: NSFH data do not explain whether services are given to the relative providing the child care or to another relative not providing the child care. Also, the data on services given represent services given within the month prior to the interview, whereas the gifts and loans made represent gifts and loans made any time within the previous five years.

Relevant findings

- **Among employed mothers who primarily relied on nonparental/nonsibling care arrangements, only 27 percent used relative care for their child.** The remaining 73 percent relied on market-purchased care as the primary source of child care while they worked.
- **Among employed mothers with children under age five, those using relative care were less likely to be married than those using parental, sibling or market-purchased child care.** Sixty-one percent of employed mothers using relative care were married, whereas 89 percent of employed mothers using parental or sibling care and 70 percent of employed mothers using market-purchased care were married.
- **Mothers using relative care were more likely to be African-American or Hispanic than those using parental, sibling, or market-purchased care.** Forty-six percent of employed mothers using relative care were African-American or Hispanic, compared with 15 percent using parental or sibling care and 20 percent using market-purchased care.
- **Mothers using relative care averaged fewer years of education than those using market-purchased care.** While employed mothers using relative care averaged 12.5 years of education, employed mothers using market-purchased care averaged 13.7 years.
- **Mothers using relative care had a lower average family income than those using parental, sibling, or market-purchased care.** Employed mothers using relative care had an average family income of $29,120 per year. In comparison, employed mothers using parental or sibling child care had an average family income of $34,510, and employed mothers using market-purchased child care had an average family income of $44,910.
- **Mothers using relative care were more likely to have given in-kind services to a relative in the prior month than those using other forms of care.** Eighty-one percent of employed mothers using relative care had given a relative in-kind services such as babysitting or child care services (51 percent), transportation services (45 percent), repairs to home or car (23 percent), and other kinds of services around the house (47 percent). In contrast, in-kind services were only given by 57 percent of employed mothers using market-purchased care and 70 percent of employed mothers using parental or sibling care.
- **Mothers using relative care were more likely than those using other forms of care to have given gifts or loans worth more than $200 to a relative within the previous five years.** Twenty-six percent of the employed mothers using relative care had given gifts or loans, while gifts or loans were only given by 15 percent of employed mothers using market-

purchased care and 17 percent of employed mothers using parental or sibling care.

- **Mothers using relative care were significantly more likely than other mothers in the sample to have received in-kind services from relatives within the previous month.** Mothers using relative care received babysitting or child care services (81 percent), transportation services (33 percent), repairs to home or car (28 percent), and other kinds of services around the house (35 percent). They were more likely to have received loans worth more than $200 from relatives within the previous five years, but less likely to have received gifts worth more than $200. This inter-household exchange did not appear to substitute for monetary payments for child care. Sixty-five percent of these mothers paid for child care services, and those who made monetary payments for care were just as likely to have given services, gifts, or loans as those who did not make monetary payments.
- **Mothers were less likely to give monetary payments to grandparents for child care services than to other relatives.** Fifty-three percent of mothers using a grandparent for care made monetary payments, while 92 percent of mothers using a relative other than a grandparent paid for care. Those working full-time were more likely to have made monetary payments for relative care than those working part-time.

Remember the Children: Mothers Balance Work and Child Care Under Welfare Reform. Growing Up in Poverty Project: Wave 1 Findings. (2000). Bruce Fuller, Sharon Lynn Kagan, et al. University of California, Berkeley and Yale University, New Haven, Connecticut. Graduate School of Education, University of California, Berkeley, CA 94720. (510) 642-7223/Fax (510) 642-9148. (116 pp.; $25).

Subject categories	Usage and Trends; Parental Preferences/Constraints; Provider Characteristics; Quality of Care; Impact of Subsidy Policies
Purpose of report	This study examines the types and quality of child care women are using as they move from welfare to work.
Study design	***Data sources:*** Results from the Growing Up in Poverty Project ***Year(s) of data collection:*** 1998–1999 ***Data collection sites:*** San Francisco and San Jose, California; Manchester and New Haven, Connecticut; and Tampa, Florida ***Sample design:*** Random sample of single mothers with young children in California and Florida who were recruited from welfare office orientation sessions. Also, Connecticut mothers who had been randomly assigned to the state's new welfare program 18 months prior to the study, and a control group of mothers continuing to live under the previous AFDC welfare rules.

Target group: Low-income, unmarried TANF mothers with young children (at least one age 12–24 months at baseline)

Sample size: 948 mothers

Data collection method: Detailed in-person or telephone structured interviews with the mothers; observations of 352 child care settings; and assessments of children's early language and social development

Definition of child care: Primary child care arrangement used by the oldest child between 12-24 months of age when mother was first interviewed

Types of child care included in study: Unregulated kith and kin care (i.e., nonparental care by relatives, friends, and babysitters); family child care (usually licensed); and center-based care

Definition of informal child care: Unregulated kith and kin care

Notes/limitations: (1) Connecticut sample could have been exposed to the new program for a period up to one year longer than the families in California and Florida. (2) Percent of mothers using some form of nonparental care may have been underestimated as researchers lost contact with 17 percent of women between initial and follow-up interviews. (3) Many women had already secured a child care provider prior to enrolling in new state welfare programs.

Relevant findings

- **Use of different types of child care varied widely across the three states.** Overall 62 percent of mothers in new welfare programs used some form of nonparental child care for at least 10 hours per week. The proportion of mothers with children in nonparental care who used informal kith and kin care ranged from 25 percent in Florida to 54 percent in California and 77 percent in Connecticut. Family child care usage ranged from 5 percent in Florida to 10 percent in Connecticut and 17 percent in California. Usage of center-based programs ranged from just 13 percent in Connecticut to 29 percent in California and 70 percent in California.
- **Only a fraction of eligible mothers used child care subsidies, ranging from only 13 percent in the Connecticut sample to 48 percent in California and 50 percent in Florida.** Many mothers did not seem to be aware that subsidies may be used for informal child care, and many welfare mothers paid for child care, especially informal child care, out of their own pockets.
- **The child care used by welfare mothers was generally of low quality, providing little educational stimulation for their children.** The home-based programs selected by many mothers tended to be of poorer quality than center-based child care. Seventy-one percent of the family child care homes and kith and kin child care arrangements were rated as poor on a global measure of quality. Fewer educational materials were observed in home-based programs, there was a much greater use of television and videos, and overall the facilities were less clean. However, many child care centers were also found to be of low quality; overall just 21 percent were assessed as providing good or excellent care and early education. As with other aspects of child care, this varied across states. In the Florida centers, 58 percent were rated as poor, while only 9 percent were assessed as poor in

California. Caregivers in center-based child care were generally better educated than those in informal child care arrangements. Caregiver sensitivity to children did not vary across informal and center-based care arrangements, although center-based caregivers were more likely to provide explanations for children. Also, caregivers in all types of care read to children very infrequently.

- **Mothers who used noncenter-based care reported having more flexible caregivers.** Centers were the least likely to care for children early or late, while kith and kin caregivers were the most flexible in this regard. In California, 64 percent of the centers offered extended hours compared with 86 percent of the family child care homes and 95 percent of the kith and kin caregivers. In Connecticut, extended hours were offered by 73 percent of the centers, 80 percent of the kith and kin caregivers, and 100 percent of the family child care homes. In Florida, 68 percent of the centers offered extended hours compared with 78 percent of the family child care homes and 92 percent of the kith and kin caregivers.

The Study of Children in Family Child Care and Relative Care: Highlights of Findings. (1994). Ellen Galinsky, Carollee Howes, Susan Kontos, and Marybeth Shinn. Families and Work Institute, 330 Seventh Avenue, 14th Floor, New York, NY 10001. (212) 465-2044/Fax (212) 465-8637. (133 pp.; $18 + $5.50 p/h).

Subject categories Family Characteristics; Parental Preferences/Constraints; Child Care Costs; Provider Characteristics; Quality of Care

Purpose of report This report presents information on similarities and differences among regulated and nonregulated family child care homes and care by relatives outside of the child's home. It addresses several questions including how quality child care is defined, whether quality indicators are present within family child care and relative care settings, and how these factors affect children's development. It also provides information on the characteristics of families who use different type of care, their child care preferences, satisfaction level, and demographic data on the providers being used.

Study design ***Data sources:*** Study of Children in Family Child Care and Relative Care

Year(s) of data collection: 1991–1992

Data collection sites: San Fernando Valley, California; Dallas-Fort Worth, Texas; and Charlotte, North Carolina

Sample design: Random-digit dial sample of families in three communities; areas with high concentrations of low-income and minority families were oversampled. Sub-sample of these families used to generate the children's sample. Provider sample combined a sub-sample of providers used by mothers in the family sample and providers identified through licensing lists and advertisements.

Data collection method: Telephone parent interviews, in-person provider interviews, and observations of children in their provider's home

Target group: Employed mothers who use family child care or out-of-home relative care as the primary source of care for a child under age six.

Sample size: 820 mothers, 225 children, and 226 providers

Definition of child care: Primary child care arrangement for one child under age six while the mother works

Types of child care included in study: Regulated family child care; nonregulated family child care; and nonregulated relative care (not provided within the child's home)

Definition of informal child care: Nonregulated family child care and relative care

Notes/limitations: Debate has surrounded the use of the Family Day Care Rating Scale (FDCRS) in assessing the quality of informal settings.

Relevant findings

- **Higher-income families were more than twice as likely to be using regulated care as those with a lower income (65 percent versus 26 percent), and were infrequent users of relative care.** Middle-income families used the three types of care in roughly equal proportions, although a slightly higher percentage used regulated family child care (39 percent) than nonregulated family child care and relative care (31 percent each). Low-income families were the group most likely to use relative care (44 percent), while 29 percent were in nonregulated family child care, and 26 percent were in regulated family child care.
- **Mothers with children in regulated family child care were generally more highly educated than those who relied on nonregulated care.** Almost half of the mothers using regulated family child care had earned a Bachelor's degree or higher compared with 26 percent of the mothers using nonregulated family child care and 9 percent of the mothers using relative care.
- **Two-thirds of the parents who used relative care said they chose this type of care because they preferred to rely on family members.** Regardless of type of care used, both mothers and the providers saw a warm, caring, responsive relationship between the child and the provider, a safe environment, and good communication between the provider and parent as the crux of quality. When asked to rate the factors most essential to quality child care, these factors were rated the highest while regulatory status was often ranked near the bottom of the list.
- **Families using relative care were less likely than those using family child care to prefer a different child care arrangement.** While 20 percent of mothers using relative care said they preferred some other arrangement, 29 percent of mothers using regulated family child care and 34 percent of mothers using nonregulated family child care preferred a different arrangement.

- **Regulated providers charged more than nonregulated providers who, in turn, charged more than relative providers.** On average, regulated family child care providers charged between $42.97 per week (for school-age children) and $80.42 per week (for infants). Nonregulated family child care providers charged between $27.89 and $54.03 per week, and relative providers charged between $15.71 and $23.21 per week. Relative providers were the least likely to charge money for caring for children. Regulated family child care providers had higher incomes than either nonregulated family child care providers or relatives. At the time of the study, only a small percentage of family child care and relative providers received child care subsidies from their respective states.
- **Most of the nonregulated providers in this sample (81 percent) were illegally nonregulated because they had more than the number of children allowed in exempt homes.** The states in this study, however, had stringent thresholds for regulation and required providers who cared for more than one to three unrelated children (depending on the state) to be regulated. Moreover, 17 percent of regulated child care providers were out of conformance with state laws that regulate ratios, group size, and the age mix of the children.
- **Regulated family child care homes generally cared for more children and had higher child-staff ratios than both nonregulated family child care homes and relative care arrangements.** For each adult provider in the child care setting, there were an average of 1.63 children in relative care, 2.94 children in nonregulated family child care homes, and 4.29 children in regulated family child care homes.
- **Regulated providers were more likely to follow safety practices, such as keeping the phone number of the child's doctor, having an emergency authorization form, and keeping immunization records.** In addition, regulated providers were more likely to have liability insurance than nonregulated providers and relative providers. None of the states in the sample required liability insurance. Regulated providers were more likely to report child care income for tax purposes than nonregulated providers and relatives.
- **Overall, significant proportions of unregulated family child care and relative care providers did not have a high school degree.** Forty-six percent of relatives and 33 percent of other nonregulated providers had not graduated from high school compared with only 6 percent of the regulated providers. Regulated providers were more likely to have participated in family child care training than were nonregulated and relative providers. Providers with more family child care training were rated as more sensitive and less detached.
- **Relative providers were most likely to be ethnic minorities, while regulated providers were most likely to be White.** A majority (72 percent) of the relative care providers identified themselves as either African-American, Latino or members of another non-White group. Fifty-nine percent of

the nonregulated family child care providers and 71 percent of the regulated family child care providers identified themselves as white.

- **Informal child care, by both relatives and nonrelatives was much more likely to be rated as inadequate.** Thirteen percent of the regulated family child care providers, 50 percent of the nonregulated family child care providers, and 69 percent of the relative providers offered care that was rated as inadequate. Regulated providers were rated as more sensitive and observed to be offering more responsive care than nonregulated and relative caregivers. The authors identified a group of home-based caregivers (relatives and nonrelatives) who had a quality they identified as "intentionality," which led to higher-quality, warmer, and more attentive care. Regulated providers had more involvement with other family child care providers than nonregulated providers who, in turn, had more involvement than relatives. Overall, providers who were more involved with other providers were less likely to be rated as offering inadequate care and were more likely to be rated as sensitive and responsive.
- **Relatives were the least likely to see being a child care provider as their chosen profession and were more likely to have become providers for adult-focused reasons rather than child-centered ones.** In addition, relative providers were less likely to be committed to their role as child care providers than family child care providers.

GAIN Family Life and Child Care Study: Final Report. (1991). Neil Gilbert, Jill Duerr, and Marcia K. Meyers. Family Welfare Research Group, School of Social Welfare, University of California at Berkeley, 1950 Addison Street, Suite 104, Berkeley, CA 94704.

Subject categories Usage and Trends; Family Characteristics; Parental Preferences/Constraints; Quality of Care; Impact of Subsidy Policies

Purpose of report This report addresses the noneconomic impacts of the 1988 Family Support Act by examining the experiences of single-parent AFDC recipients who enrolled in California's GAIN program, a welfare-to-work program that provides child care subsidies and other services to help meet mandated work requirements. It explores how AFDC recipients fared as they entered GAIN, began the transition to school and work, and arranged child care during and after program participation.

Study design

Data sources: The GAIN Family Life and Child Care Study

Year(s) of data collection: 1990–1991

Data collection sites: 3 counties in California

Sample design: Nonprobability sample of single AFDC mothers recruited for the study as they enrolled in the GAIN program between January and September 1990

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Target group: Female single-parent AFDC recipients enrolled in California's GAIN program who had one or more children under age 13 who were eligible for GAIN child care subsidies

Sample size: 436 parents

Data collection method: Telephone interviews with parents before participating in GAIN and then at 3 months and 12 months after starting a GAIN activity

Definition of child care: Primary child care arrangement for the youngest child in the respondent's household

Types of child care included in study: Care by relatives or friends who only care for children from one family; licensed family child care and center-based care (e.g., child care centers, preschools, and after-school programs)

Definition of informal child care: Care by relatives or friends

Notes/limitations: Interviews were only conducted in English. Also, the young average age of the children in this sample may have biased findings on child care usage.

Relevant findings

- **As they entered training and job readiness activities in the GAIN program, the mothers in this study made a significant shift toward use of organized care.** When they started the program, 78 percent were relying on family and friends for child care. During their first three months in GAIN, the proportion using family or friends for child care dropped to 40 percent. However, one year after enrolling in GAIN, the use of organized child care declined among those who had arranged child care on their own after exiting the program.
- **The mode of child care used varied significantly depending on the children's ages and women's schedules and activities.** Use of family child care homes was greatest among mothers of infants and toddlers (birth to two years); center-based programs were used most often by parents for their preschool-aged children (ages three to four years); and informal care by family and friends was most common for school-aged children over age five. GAIN participants who were in job search or remedial or basic education activities were more likely than women in other GAIN tracks to use informal arrangements with friends and relatives. The longer women were active in job preparation or school programs, the more they relied on some type of organized care rather than informal care by relatives and friends. GAIN participants in vocational training activities were less likely than women in other GAIN tracks to use informal arrangements with friends and relatives.
- **Before starting the GAIN program, although only 16 percent of the mothers used either family child care homes or centers, just over half reported a preference for one of these arrangements.** Only 48 percent of the women said they hoped to have family or friends provide child care for their youngest child after they enrolled in GAIN. After they started the program, their actual arrangements closely approximated their expectations.

- **Parents using informal care were the most satisfied with their current child care provider.** Seventy-one percent of parents using informal care, compared to 63 percent of parents using either a family child care home or center, said they would select the same care again if cost and availability were not an issue. Then the features of program quality and convenience were compared for those using informal care by family and friends and those using organized care in family child care homes and centers; no one form of child care emerged as ideal. Each type of care optimized some aspects of adequacy while compromising others.
- **Mothers using an informal care arrangement were the least likely to say that their provider offered the best possible environment for learning and social opportunities and the most likely to trust their provider and to believe their child care setting was safe.** On a combined measure of trust and safety, women using informal care were significantly more positive in their assessment than those using organized care in centers or family child care homes.
- **Mothers using informal care spent the least amount of time traveling to their child care provider, but the most time traveling from this location to their GAIN activity.** On average, mothers using center or family child care traveled more than twice as far from home as those using informal arrangements, but their travel time to their GAIN activity was shorter.
- **Stability of care arrangements was a substantial problem for many women, because of breakdowns in care and changes in schedules, but this was not significantly related to the type of child care arrangement used.** Mothers using informal care by friends and family were just as likely as mothers using family child care homes and centers to have switched primary child care arrangements at least once since starting their GAIN activities. Single mothers who relied on informal care by friends and family missed fewer days of GAIN as a proportion of their active weeks in the program than those using center-based programs.

National Child Care Survey, 1990. (1991). Sandra L. Hofferth, April Brayfield, Sharon Deich, and Pamela Holcomb. Urban Institute Press, 2100 M Street, NW, Washington, DC 20037. (877) 847-7377 (450 pp.; $32.50 + $3 p/h, *Currently out of stock*).

Subject categories Usage and Trends; Family Characteristics; Parental Preferences/Constraints; Child Care Costs; Provider Characteristics; Quality of Care

Purpose of report This report presents findings from the 1990 National Child Care Survey that was intended to help state and federal agencies gain a greater understanding of child care trends and practices. The study was designed to characterize the child care market by providing a nationally representative picture of: (1) who cares for children, (2) how much parents spend on child care, (3) how parents

select their child care arrangements, (4) parents' perceptions about their child care options, (5) previous use of child care arrangements, (6) how families balance their work and family responsibilities, and (7) parents' views on public- and private-sector child care policies.

Study design

Data sources: National Child Care Survey (NCCS)

Year(s) of data collection: 1989–1990

Data collection sites: 100 counties and county groups in the U.S. with a high proportion of children under five years of age

Sample design: Random-digit-dial sample of households within the data collection sites

Target group: Households with one or more children under age 13

Sample size: 4,392 households with 7,575 children under age 13

Data collection method: Computer-assisted telephone interviews conducted with parents

Definition of child care: Unless specified, findings in this abstract refer to the primary child care arrangement used by the youngest child in each household. These are regularly scheduled arrangements mothers make for their children when they are not available and/or in order to provide an enriching experience for the child. They are not limited to arrangements made while the mother works.

Types of child care included in study: Parental care; relative care; in-home care; family child care (primarily unregulated); center-based care (e.g., child care centers, preschools and before/after school programs); and alternative child care arrangements (e.g., lessons, sports, clubs, and self-care)

Definition of informal child care: Care by relatives and in-home care providers

Notes/limitations: The number of low-income children living below the poverty line appear to be underestimated in this survey. These children are more likely to be in informal child care settings. This report may slightly overestimate the proportion of formal child care arrangements for low-income children.

Relevant findings

- **Over one-third of families using nonparental care used an informal provider as the primary care arrangement for their child.** Most of this care was given by a relative, and most relative caregivers were grandparents.
- **Informal providers were more commonly used for secondary arrangements than primary ones.** While 37 percent of the families used an informal provider for their child's primary child care arrangement, 44 percent relied on a relative or in-home care provider for their secondary arrangement.
- **Families with infants and toddlers were the most likely to use informal care; school-age children were more likely to be in informal care than preschoolers, who were most likely to use child care centers.** Forty-seven percent of the infants used either relative (39 percent) or in-home care (9 percent), and another 27 percent used family child care homes; only 17 per-

cent of infants were enrolled in centers. As they became toddlers, use of informal care decreased to 40 percent and center care usage began to increase. Over half (55 percent) of all preschoolers used center care, with a resultant decrease in relative care (20 percent), in-home care (3 percent), and family child care (16 percent). As children reached school-age, however, informal care usage began to increase in popularity again, as did self-care and alternative arrangements such as lessons, sports, clubs, and self-care. Forty percent of school-age children with regular nonparental child care arrangements during the summer used relative care for at least part of the week, and 15 percent relied on a neighbor for care.

- **Families with three or more children were more likely than those with only one or two children to use informal child care arrangements.** Forty-two percent of families with three or more children used either relative or in-home care compared with 34 percent of families with one or two children.
- **As level of maternal education increased, the proportion of families using relative care decreased while the proportion using in-home care increased.** Among families using nonparental child care, over half (53 percent) of mothers who had not graduated high school used relative care; this percentage progressively dropped to the point at which only 15 percent of mothers with graduate degrees relied on a relative for child care.
- **As level of household income increased, the proportion of families using relative care decreased.** Among families using nonparental child care, 43 percent of families with incomes below the poverty line used relative care; this percentage progressively dropped to the point at which only 19 percent of families earning $50,000 or more relied on a relative for child care.
- **White families were less likely to use relative care than either black and Hispanic families.** While 28 percent of white children used relative care, 39 percent of both black and Hispanic children relied on this type of care. In-home care was very rarely used by black children (1 percent), while a similar proportion of white and Hispanic children used an in-home care provider (6 and 5 percent).
- **Families living in the Northeast were the most likely to use an informal child care arrangement.** Forty-five percent of families in the Northeast used either relative or in-home care, while 33 percent of families in other regions of the country used one of these informal arrangements.
- **Children in informal care arrangements spent fewer hours in care than those using either family child care or center care.** Among children with employed mothers, the average number of hours spent in their primary child care arrangement each week was 19 hours for in-home care, 21 hours for relative care, 31 hours for family child care, and 31 hours for center care.
- **Only 22 percent of all families using relative care paid for these services.** Families were less likely to pay for relative care for school-age children than for children under age five and were less likely to pay for relative care if the mother was not employed outside the house.

- **In-home care providers were the most expensive, while relative care providers were the least expensive.** Employed mothers whose youngest child was under age five paid an average of $2..30 per hour for in-home care, $1.67 for center care, $1..35 for family child care, and $1.11 for relative care. Employed mothers whose youngest child was between ages 5-12 paid an average of $3.49 per hour for in-home care, $2.52 for center care, $2.32 for family child care, and $2..31 for relative care.
- **Employed mothers were least likely to say that they had seriously considered using a different type of child care if they were using relative care.** Over half of employed mothers using an in-home care provider (52 percent), family child care home (52 percent), or child care center (54 percent) said they had seriously considered using a different type of provider, while only 30 percent of those using relative care said they had considered alternative child care types. Parents who had seriously considered using a different type of child care provider were most likely to have considered using center care. Almost one-third of families using an informal care arrangement said that, if they could have any type of arrangement, they would prefer to use a different type of care. For those desiring a change, the mode of care most likely to be preferred was center care.
- **Informal providers were seen as the least available.** Only 22 percent of families who were not using in-home care and 31 percent of families not using relative care knew of one of these types of providers who was available to provide care for their child. In contrast, 44 percent of families not using family child care and 59 percent of families not using center care said these types of care were available to them. There were clear differences in perceived availability of relative and center care by income level. Regardless of income, relatives and in-home care providers were the least likely to be perceived as available by nonusers. However, families with annual incomes above $50,000 were much less likely to report a relative available for care than families with incomes below this figure.
- **Child/staff ratios were lowest for children in the care of a relative or in-home care provider.** Parents using relative care reported an average child/staff ratio of 1.37, while in-home care users reported an averaged of 1.5 children per provider; neither type of provider was reported to have cared for more than two children on a regular basis. Parents using family child care homes reported an average staff ratio of 3.11, while centers had an average of 6.55 children per staff member.
- **Center care staff were more likely than both in-home care providers and family child care staff to be seen as having relevant education or training.** Eighty-seven percent of families using a child care center reported that staff in that facility had special education or training related to early childhood education or child psychology. By contrast, only 33 percent of in-home care users and 40 percent of family child care home users said these providers had at least some education or training in child development.

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- **Informal care arrangements were more stable.** At the time of the interview, the median length of time children were in relative care was 15 months, while the median for in-home care arrangements was 11 months. By comparison, the median length for family child care and center care arrangements was 10 and 8 months, respectively.
- **Mothers with children in an out-of-home care arrangement had fewer incidents of lost time from work because of a breakdown in the arrangement. Lower incidences of lost time from work was generally associated with placing a child in an arrangement physically outside the child's home rather than within it.** The highest proportion of women who experienced child care failures had a relative or nonrelative care for the child in the child's home. A similarly high proportion of women experienced a breakdown in the arrangement when they depended on the child to care for him/herself (20 percent), while a much lower proportion experienced care-related work disruptions if their children were cared for in a center (13 percent) or family child care home (11 percent), or by a relative in another home (9 percent).
- **Families using informal child care arrangements were least likely to stay home from work to care for a sick child.** Among women reporting that one of their children was sick during the previous month, work was missed by 61 percent of those using family child care and 55 percent of those using center care. By comparison, 46 percent of those using relatives in another home and 34 percent of those using relatives in the child's home stayed home from work when their child was sick.

Grandparents Who Parent Their Grandchildren: Effects on Lifestyle. (1993). Margaret Platt Jendrek. *Journal of Marriage and the Family,* 55(8), pp. 609–621.

Subject categories Provider Characteristics

Purpose of report This report investigates the extent to which caring for grandchildren is disruptive in the lives of grandparents who provide daily care to their grandchildren. Specifically, it examines changes in lifestyle, relationships with friends and family, and changes in relationships with spouses.

Study design

Data sources: Interviews with grandparents who provide daily care to a grandchild

Year(s) of data collection: 1992

Data collection sites: In and near Butler County, Ohio

Sample design: Nonprobability sample of grandparents who responded to advertisements appearing in the media, schools, medical practices, and courts

Target group: Grandparents who provide daily care to a grandchild

Sample size: 114 grandparent caregivers

Data collection method: Telephone-administered screening interviews and in-depth provider interviews either conducted by telephone or in-person

Definition of child care: Child care provided to one of the respondent's grandchildren. If the respondent provides care to more than one grandchild, questions are asked about the child that requires the most care.

Types of child care included in study: 36 "custodial" grandparents (who live with a grandchild with whom they have a legal relationship through adoption, full custody, temporary custody, or guardianship); 26 "living-with" grandparents (who live with a grandchild with whom they do not have a legal relationship); and 52 "day care" grandparents (who provide regular child care to a grandchild with whom they do not reside)

Definition of informal child care: Child care provided by grandparents

Notes/limitations: Nonprobability sample of volunteers that is not representative of all grandparents providing care. Questions concerning the impact of providing care on lifestyle were retrospective.

Relevant findings

- **Most (71 percent) of the day care grandparents were not paid for providing child care to their grandchild, and their most commonly cited reasons for providing care were oriented toward helping the grandchild's parent(s) or fulfilling their own nonmaterial needs.** The five leading reasons given by these grandparents for providing care were: (1) the grandchild's mother was working full-time (71 percent); (2) not wanting the grandchild in day care or at a babysitter's house (69 percent); (3) wanting to help the grandchild's parent(s) financially (67 percent); (4) the grandchild's father was working full-time (51 percent); and (5) providing care to the grandchild gave the grandparent something to do (35 percent).
- **A majority of grandparents in this sample reported changes in their lifestyle after they began caring for their grandchild on a regular basis.** Changes included having an increased need to alter routines and plans (80 percent), having less privacy (59 percent), having less time for oneself (58 percent), feeling more physically tired (55 percent), and having less time to get everything done (54 percent). However, over half of the respondents (55 percent) also reported having more of a purpose for living. Of the three types of grandparent providers, the lifestyles of custodial grandparents were the most affected by their responsibilities in proving care to their grandchild. Although fewer changes were mentioned, grandparents who lived with a grandchild of whom they did not have legal custody reported changes that were similar to those mentioned by the custodial grandparents.
- **Most custodial grandparents reported lifestyle changes that generally accompany a child's entry into one's life and home.** The most common changes included having an increased need to alter routines and plans (86 percent), less privacy (80 percent), less time for self (77 percent), feeling more physically tired (69 percent), having less time to get everything done (63 percent), feeling more emotionally drained (60 percent), having less time for one's spouse (59 percent), less contact with friends (56 percent),

being less likely to do things for fun and recreation (56 percent), worrying more about things (52 percent), giving less attention to one's spouse (50 percent), and having less money (50 percent). Although the burden of rearing grandchildren often seemed heavy, two-thirds (66 percent) of the custodial grandparents also reported having more of a purpose for living because of providing care to their grandchild.

- **Grandparents providing day care, as opposed to custodial or lives-with care, for their grandchild were least affected by their caretaking role.** Of the three types of grandparent providers, these grandparents tended to function more according to our societal definition of grandparents than of parents; in these cases, the children go home at the end of the day. For these grandparents disruptions were surprisingly minimal. Although these grandparents organized their day around the children, neither their friendship and family networks nor their marriages were substantially affected.
- **Custodial grandparents were most likely to report negative affects on family networks as a result of providing care to their grandchild, while very few day care grandparents reported such problems.** Almost half (47 percent) of the custodial grandparents said they had "some" or "a lot of" problems with family because they were providing care to their grandchild, while 28 percent of the living-with and 14 percent of the day care grandparents said they had such problems.
- **Married custodial grandparents were more likely than married living-with or day care grandparents to report that giving attention to their spouse had declined as a result of providing care to their grandchild.** Half of the married custodial parents, compared with 33 percent of the married living-with grandparents and 18 percent of the day care grandparents said that such attention had declined. Although most married grandparents reported that there caring for a grandchild had not created problems with their spouse, married custodial grandparents were significantly more likely than the other married grandparents in the sample to report problems. More than a third (38 percent) of the married custodial grandparents said that providing care created problems with their spouse, compared with 12 percent of the married living-with grandparents and 9 percent of the married day care grandparents.

Determinants of Child Care Ideals Among Mothers of Preschool-aged Children. (1989). Karen Oppenheim Mason and Karen Kuhlthau. *Journal of Marriage and the Family,* 51(3), pp. 593–603.

Subject categories Usage and Trends; Family Characteristics; Parental Preferences/Constraints

Purpose of report This report explores the types of child care parents prefer, as well as the characteristics of families with different child care ideals. Women's current use of child care, marital and employment status, income, youngest child's age,

gender role ideology, religion, religiosity, education, race, proximity to relatives, and place of residence are all hypothesized to affect child care ideals.

Study design

Data sources: Interviews with mothers of children under age six

Year(s) of data collection: 1986

Data collection sites: 3 counties in the greater Detroit metropolitan area

Sample design: Multi-stage probability sampling procedure by which census block or block groups were stratified according to the 1980 female age distribution. Units of relatively heavy concentrations of women in prime reproductive ages were oversampled.

Target group: Mothers between ages 15–39 with at least one child under age six who has not yet entered kindergarten

Sample size: 1,302 mothers

Data collection method: Interviewer-administered parent questionnaires

Definition of child care: Primary child care arrangement used by the youngest child to have received care during the month of the interview

Types of child care included in study: Parental care; relative care;* nonrelative care (i.e., regulated and nonregulated family child care and in-home care); and other care arrangements**

Definition of informal child care: Relative care

Notes/limitations: This sample differs from national samples in many respects. Slightly less than half of the sample were employed. Although more than half were using some form of regularly scheduled child care, none were using formal care. Also, the religious composition of the sample is somewhat more heavily skewed toward Roman Catholics than in most national samples.

Relevant findings

- **Just over half (52 percent) of the respondents either cared for their youngest child themselves or relied on the child's father for regular child care. Mothers who used nonparental care were more likely to use nonrelative care than relative care for their child's care arrangement.** Thirty-one percent of the respondents who relied on a nonparental child care arrangement for their youngest child used relative care, while 69 percent relied on a nonrelative care arrangement such as a family child care home or babysitter; none of the respondents used formal care.
- **Although care by one of the child's parents clearly remained the ideal for a majority of the women (both employed and nonemployed), the use of a relative was the next preferred option for younger children**

* Although this category primarily consists of relatives outside of the nuclear family, in a few cases it includes care by the child's older sibling or some alternative arrangement involving either relatives or nonrelatives.

** Although formal child care arrangements, including child care centers, preschools, and nursery schools, were included as an option for respondents to choose as their preferred child care arrangement, none of the mothers in this sample were using this type of care for their youngest child at the time of the interview.

whose mother was employed. Almost one third of the employed mothers who had a child under age three named a relative, such as the child's grandmother, as their ideal caregiver. Between 93–97 percent of nonemployed mothers of children under age three preferred parental care over other types of child care.

- **For children ages three to five, formal arrangements such as preschools, nursery schools and day care centers were the preferred form of nonparental care.** In fact, for employed mothers with a child aged four to five, formal care was more popular than parental care (50 percent versus 34 percent). Among mothers who preferred nonparental care arrangements, 80–91 percent of nonemployed mothers and 59–75 percent of employed mothers reported formal center-based care as the ideal form of child care for their three to five-year-old child. By comparison, relatives were preferred by 8–15 percent of nonemployed mothers and 22–35 percent of employed mothers with a child between ages three to five.
- **The use of sitters or family child care homes, although common in practice, was rarely named as ideal, regardless of the child's age or the mother's employment status.** Only 1–2 percent of nonemployed mothers and 2–5 percent of employed mothers said that one of these types of care was ideal. Among mothers who preferred nonparental care arrangements, these nonrelative care arrangements were more popular for younger rather than older children, but were significantly less likely to be preferred than relative care.

Child Care in JOBS Employment and Training Program: What Difference Does Quality Make? (1993). Marcia Meyers. *Journal of Marriage and the Family,* 55(3), pp. 767–83.

Subject categories Usage and Trends; Impact of Subsidy Policies

Purpose of report This report evaluates the adequacy of child care used by single mothers participating in California's GAIN program, a welfare-to-work program that provides child care subsidies and other services to help AFDC recipients meet mandated work requirements. Of particular interest is whether or not variations in the adequacy of the child care arrangement affect mothers' success in the program.

Study design

Data sources: Panel study of California's GAIN program participants

Year(s) of data collection: 1992

Data collection sites: 3 counties in California

Sample design: Participants meeting study criteria were recruited in person at their GAIN orientation and offered $20 for their participation in 3 telephone interviews. Only participants who actually began an education or job search activity after registering for GAIN were interviewed.

Target group: Single AFDC mothers participating in California's GAIN program with at least one child under age 13

Sample size: 356 mothers

Data collection method: 3 telephone interviews conducted during 1 year panel study

Definition of child care: Primary child care arrangement for the respondent's youngest child. Child care was defined as any care by an individual or facility other than the mother.

Types of child care included in study: Informal care by relatives or friends; licensed family child care; and licensed center-based care

Definition of informal child care: Informal care by family or friends and cases were no care is provided

Notes/limitations: Significant differences were found between study respondents and cases lost through attrition, and between study respondents and the larger GAIN population.

Relevant findings

- **After beginning the GAIN program, the percentage of participants using informal care substantially decreased.** During the three months prior to participating in the GAIN program, the majority of single mothers relied on informal child care arrangements for their youngest child. Eighty-four percent of these women either used informal care by family or friends or did not use any child care arrangements on a regular basis. The remaining 16 percent were using organized child care in a family child care home or center.
- **During the three months following the GAIN orientation, only 39 percent of the women said they still relied on family or friends while they were in job readiness activities.** Fifty-two percent used licensed care in either a family child care home or center.
- **The type of child care used while in the GAIN program did not make a significant contribution to women's success in the program.** There was no evidence that women who relied on informal care rather than organized arrangements had a different likelihood of dropping out before completing one year of the program.

Characteristics of Infant Child Care: Factors Contributing to Positive Caregiving. (1996). The NICHD Early Child Care Research Network. *Early Childhood Research Quarterly,* 11(3), pp. 269–306.

Subject categories: Provider Characteristics; Quality of Care

Purpose of report: This report had three purposes: (1) to identify the structural characteristics and caregivers' qualifications associated with sensitive, warm, and cognitively stimulating infant care; (2) to contrast five different types of nonmaternal infant child care in terms of structural features and caregivers' behaviors; and

(3) to contrast the results of this project with other recent large-scale studies of child care.

Study design

Data sources: Sub-sample of NICHD Study of Early Child Care

Year(s) of data collection: 1991

Data collection sites: National sample of U.S. households

Sample design: Conditional random sampling of families reflecting demographic characteristics of catchment area. Sampling frame generated from birthing lists at 31 hospitals in the 10 research sites.

Target group: Children followed from birth who, at 6 months, were using nonmaternal child care for at least 10 hours per week

Sample size: 879 infants

Definition of child care: Primary nonmaternal child care arrangement provided to the focus child for 10 or more hours per week

Types of child care included in study: Paternal care; grandparent care; in-home care; family child care; and center-based care

Definition of informal child care: Paternal care; grandparent care; and in-home care

Data collection method: Parent interviews and 2 half-day observations of infants in their child care settings

Notes/limitations: Families in which child care observation was refused were more likely to have less educated parents, be a single-parent household, and have minority race status. Also, the sample did not include mothers under age 18, non-English-speaking mothers, or very ill infants. When combined, structural characteristics of child care settings and caregivers' qualifications accounted for only approximately 25 percent of the variance in observed positive caregiving behaviors.

Relevant findings

- **Almost half of the infants received informal care from their father, grandparent, or in-home sitter as their primary child care arrangement.** Fifteen percent used paternal care; 17 percent used grandparent care; 15 percent used in-home care; 35 percent used family child care; and 18 percent used center-based care.
- **Center-based providers had more experience and specialized training in child development than home-based caregivers.** However, these variables were not found to be significantly associated with differences in caregiving behaviors.
- **Regardless of the type of care used, the majority of infants were observed to receive moderately or highly positive care.** This is a more positive view of nonmaternal infant care than reported by earlier large-scale studies.
- **For all types of child care, more positive caregiving behaviors were associated with child care settings with smaller numbers of children and smaller child-adult ratios.** The closer the child-adult ratio was to 1:1, the higher the probability of positive care. Results suggested that group sizes

and child-adult ratios were highest in child care centers and smallest in informal care provided within the child's home (e.g., with fathers, grandparents, and in-home sitters).

- **For all types of child care, the physical environment of the child care setting was significantly associated with the quality of care provided.** Those settings which appeared cleaner, safer and more stimulating had caregivers who provided more sensitive, warmer care. No significant difference in the quality of the physical environment was found for the four home-based types of care.
- **Positive caregiving behaviors with infants were most likely to be observed in arrangements provided in the child's home, whether provided by relatives or nonrelatives.**

Poverty and Patterns of Child Care. (1997). NICHD Early Child Care Research Network. In *Consequences of Growing up Poor,* Greg J. Duncan and Jeanne Brooks-Gunn, Editors, pp. 100-131. Russell Sage Foundation, 112 East 64th Street, New York, NY 10021. (212) 750-6000/Fax (212) 371-4761. (640 pp.; $49.95 cloth, $24.95 paper).

Subject categories Usage and Trends; Family Characteristics; Quality of Care; Impact of Subsidy Policies

Purpose of report This report examines how poverty affects the child care experiences of infants in terms of age of entry into nonmaternal care, number of hours in child care, type of care selected, and quality of care.

Study design

Data sources: Sub-sample of NICHD Study of Early Child Care

Year(s) of data collection: 1991

Data collection sites: National sample of U.S. households

Sample design: Conditional random sampling of families reflecting demographic characteristics of catchment areas. Sampling frame generated from birthing lists at 31 hospitals in the 10 research sites.

Target group: A sub-set of children followed from birth who at 15 months of age were in nonmaternal child care for 10 or more hours per week

Sample size: 1,281 children

Data collection method: Home visits and maternal interviews when infants were ages 1, 6, and 15 months of age; observations of child care settings at ages 6 and 15 months

Definition of child care: Primary nonmaternal child care arrangement provided to the focus child for 10 or more hours per week

Types of child care included in study: Paternal care; grandparent care; in-home care; family child care; and center-based care

Definition of informal child care: Paternal care; grandparent care; and in-home care

Notes/limitations: Overall study sample did not include mothers under age 18, non-English-speaking mothers, or infants who were very ill at birth.

Relevant findings

- **At age 15 months, the primary care arrangement for over half of the children was care by their father, grandparent or in-home sitter.** Both family income and percentage of income contributed by the mother's earnings significantly predicted the type of care used for infants. Children receiving in-home care from someone other than a parent or grandparent were more likely to be in relatively large families with highly educated mothers and high incomes. Moderate-income families, especially those in which the mother contributed more than half the family income, were more likely to use out-of-home care by nonrelatives than were lower-income families and families in which the mother's income contributed less. Family size, mother's education, and having a partner or adult relative at home were all found to predict the type of care used for infants.
- **One reason for the curvilinear relation of income to quality of care could be the availability of subsidies.** While only one-quarter of the poor families that used child care homes also used subsidies, the majority of poor families that used child care centers were subsidized.
- **The percentage of poor families that received private "subsidies" in the form of financial help or free child care ranged from 9 percent to 83 percent, depending on the type of care.** Poor and near-poor families using in-home care by nonrelatives or relatives other than grandparents typically received it free or at reduced cost.
- **Whether in grandparent care, in-home care, or family child care homes, children living in poverty received care that scored lower on most quality measures than the care received by children from families with incomes above poverty.**
- **In relative care and in-home care, children in larger families received lower-quality care scores than did children from smaller families.**
- **The quality of the care provided to girls was rated higher than that provided to boys in both child care homes and centers.**

Neighborhood Child Care: Family, Friends, and Neighbors Talk about Caring for Other People's Children. (1998). Toni Porter. Bank Street College of Education, Center for Family Support, Division of Continuing Education, 610 West 112th Street, New York, NY 10025. Report can be downloaded from the Center for Family Support Web site <www.bnkst.edu/html/continuing/familySupport/neighborhood.pdf>.

Subject categories Parental Preferences/Constraints; Provider Characteristics; Quality of Care

Purpose of report This report provides descriptive information about kith and kin providers and sheds light on such issues as how these arrangements start, why they end, and the role that payment plays. The research is also intended to serve as the basis for planning services for kith and kin providers.

Study design

Data sources: New York City Focus group discussions with kith and kin providers

Year(s) of data collection: 1997

Data collection sites: New York City: East Tremont and Morrisania sections in the South Bronx and the Cypress Hills section in Brooklyn

Sample design: Nonprobability sample of providers who responded to fliers posted throughout three low-income New York City neighborhoods with large concentrations of Spanish speaking families

Target group: Low-income kith and kin providers

Sample size: 45 child care providers

Data collection method: Six focus group discussions

Definition of child care: People who care for at least one child under age six for at least 12 hours a week

Types of child care included in study: Care by relatives, neighbors, and friends

Definition of informal child care: Except where indicated, all findings are intended to represent a population of low-income informal kith and kin providers

Notes/limitations: (1) Most findings are presented as representing a population of informal kith and kin providers, although three of the participants were regulated. (2) Sample limited to a small nonprobability sample of low-income Hispanic and African American providers who were recruited to participate after responding to a flyer. (3) Statistical tests suggest that this population differs from the national population of kith and kin providers.

Relevant findings

- **Most providers lacked formal child care training and few had attended college.** However, almost all of them had cared for children for many years and a significant number had actively sought opportunities to learn more about children by volunteering at their child's early childhood program or school, by attending parenting classes or workshops, or by reading materials. Most providers had children of their own.

- **Two-thirds of the providers cared for only one or two children other than their own children.** Four providers cared for five or six children, but these children came at different times of the day or night; they were not all in care at the same time. Nearly half of the children in care were toddlers. Five-year-olds represented the second largest age group, followed by school-age children. Only four participants cared for infants under one year of age.
- **Many of the providers had long-standing relationships with the children for whom they cared.** Almost half of the providers were related to the children, and some had been caring for toddlers or two-year-olds since they were a few weeks old. There were, however, a small number of providers, younger women in their 20s, who had only been watching the children in their care for two or three months.
- **Problems with parents represented difficult aspects of caring for other people's children.** These included conflicts over payment, ambivalence about helping out and being taken advantage of, differences in child rearing styles, boundaries, and coping with behavioral issues. While many providers indicated that the issues placed stress on their relationship with parents, only one woman had actually ended a child care situation as a result.
- **Low-income kith and kin providers offered a variety of reasons for their decision to care for other people's children.** Some cited the gratifying experience of being able to help out their daughters or sons, their sisters, their friends, or their neighbors. Others talked about the satisfaction of caring for children and watching them grow as well as teaching them and seeing them learn. There were also some women, irrespective of their relationship to the parents, who said that children filled a gap, an empty space in their lives, and who talked about child care in terms of being needed.
- **When asked how their child care arrangements started, most low-income kith and kin providers talked about offering to help or responding to requests for assistance, rather than seeking opportunities to earn money.** Some women talked about arrangements that started with recommendations from other parents. Other women, primarily older women who had been watching people's children for many years, proudly described their reputations as the "caregiver of the neighborhood." Only two women said that they actively sought out parents who needed child care.
- **Many low-income kith and kin providers talked about having a schedule, with rhythms that sound like those of parents of young children.** Participants did not use the term curriculum to describe the activities in which they engaged children. Instead, they said they took the children to the park or on other outings, read books with them, helped them with their homework, prepared meals for them, bathed them, and put them down to sleep. Many providers also turned to television, especially videos and video games, to occupy the children.
- **Most low-income providers expressed interest in gaining information on a wide range of issues, ranging from how to support children's**

development to other services in the community and opportunities for employment in child care. When asked about how they wanted to obtain this information, participants voiced strong opinions in favor of both written materials and video tapes, with arguments about the advantages of each source. Participants also expressed overwhelming interest in support groups, where providers could talk to and learn from one another.

Patterns and Growth of Child Care Voucher Use by Families Connected to Cash Assistance in Illinois and Maryland. (1999). Jessica Brickman Piecyk, Ann Collins, and J. Lee Kreader. New York, NY: Columbia University, National Center for Children in Poverty at the Mailman School of Public Health, 154 Haven Avenue, New York, NY 10032. (212) 304-7100; Fax: 212-544-4200; E-mail: nccp@columbia.edu; (31 pp. $5.00). Report can be downloaded from <http://cpmcnet.columbia.edu/dept/nccp/ccrprb2o.html>.

Subject categories Usage and Trends; Family Characteristics; Parental Preferences/Constraints; Quality of Care (1, 2, 3 & 6)

Purpose of report This report examines the use of child care vouchers by children from Illinois and Maryland whose families were current or former recipients of cash assistance (either AFCD or TANF). It also discusses child care subsidy policy within these two states and patterns of growth and change over time in voucher use by current and former recipients of cash assistance.

Study design

Data sources: Records from state child care subsidy administrative systems

Year(s) of data collection: 1997–1998

Data collection sites: Illinois and Maryland

Sample design: Analyzed child care subsidy administrative system records for all children meeting study criteria in January 1998

Target group: Children of current or former recipients of AFDC or TANF who used child care subsidy vouchers

Sample size: 79,410 children in Illinois and 16,831 children in Maryland. These children were members of 56,575 families (40,338 in Illinois and 9,363 in Maryland).

Data collection method: Record review

Definition of child care: Primary child care arrangements for all subsidized children in the respondent's household under age 14

Types of child care included in study: Relative care; in-home care; family child care; and center-based care (excluding Head Start and prekindergarten programs)

Definition of informal child care: Relative care and in-home care

Notes/limitations: (1) Illinois data exclude children receiving subsidies through contracts as opposed to vouchers. Since Maryland only uses vouchers, data for

all of its subsidized children are included. (2) The accuracy of the data may be questionable as they were developed/entered for administrative purposes, and standardization and quality control guidelines may not have followed strict research protocols.

Relevant findings

- **In January 1998, most subsidized children in Illinois used informal child care arrangements, while subsidized children in Maryland more frequently used formal arrangements.** In Illinois, 66 percent of the children used either relative care (41 percent) or in-home care (25 percent); 34 percent of the children used either center care (18 percent) or family child care (16 percent). In Maryland, only 30 percent of the children used either relative care (13 percent) or in-home care (17 percent), while 70 percent used either center care (39 percent) or family child care (31 percent).
- **In Maryland, the most common form of relative care was care by one of the child's grandparents.** Among the 13 percent of children using relative care in this state in January 1998, 57 percent had a grandparent as their primary child care provider; aunts and uncles cared for 30 percent of these children; and 13 percent were cared for by other relatives. (This was not analyzed in Illinois.)
- **While Illinois experienced significant growth in the use of all forms of non-parental child care between January 1997 and January 1998, the distribution of children by type of care did not significantly change.** Slight changes were observed in Maryland, where usage of family child care declined (from 35 to 31 percent) and relative and in-home care usage increased (from 26 to 30 percent).
- **In January 1998, school-age children were more likely than younger children to use informal child care arrangements.** In Illinois, 86 percent of children ages 10-12 and 74 percent of children ages six to nine used relative care or in-home care, while only 58 percent of children ages three to five and 57 percent of children under age three used these informal arrangements.* Similarly, in Maryland, while 49 percent of children ages 10–12 and 37 percent of children ages six to nine used relative or in-home care, these types of care were only used by 23 percent of children ages three to five and 28 percent of children under age three.** For both states, infants and toddlers were more likely than children in other age groups to use family child care, and preschoolers were the most likely to use center care.
- **In January 1998, children from families with three or more children were more likely to use informal care than children from smaller fami-**

* In Illinois, relative care was used by 50 percent of children ages 10–12; 45 percent of children ages six to nine; 37 percent of children ages three to five and 39 percent of children under age three. In-home care was used by 36 percent of children ages 10–12; 29 percent of children ages six to nine; 21 percent of children ages three to five and 18 percent of children under age three.

** In Maryland, relative care was used by 19 percent of children ages 10–12; 16 percent of children ages six to nine; 10 percent of children ages three to five and 13 percent of children under age three. In-home care was used by 30 percent of children ages 10–12; 21 percent of children ages six to nine; 13 percent of children ages three to five and 15 percent of children under age three.

lies. In Illinois, 78 percent of children from families with three or more children used relative or in-home care, compared to 56 percent of children from families with one to two children.* In Maryland, relative or in-home care was used by 39 percent of the children from families with three or more children and 25 percent of the children from families with one to two children.**

Some Economic Complexities of Child Care Provided by Grandparents. (1989). Harriet B. Presser. *Journal of Marriage and the Family,* 51(3), pp. 581–591.

Subject categories Usage and Trends; Family Characteristics; Child Care Costs; Provider Characteristics

Purpose of report This report focuses on grandmothers as providers of child care, exploring some of the economic complexities involved in such arrangements.

Study design

Data sources: Sub-sample of the 1984 Youth Cohort of the National Longitudinal Survey of Labor Market Experience (NLSY)

Year(s) of data collection: 1984

Data collection sites: National sample of U.S. households

Sample design: National probability sample of males and females who were between 14–21 years of age as of January 1, 1979. Blacks, Hispanics and economically disadvantaged whites were oversampled. Provider sample is linked to parent sample.

Data collection method: Fifth round of panel study interviews

Target group: Employed mothers between ages 19–26 with at least one child under age five

Sample size: 796 mothers

Definition of child care: Primary child care arrangement used by youngest child while mother works

Types of child care included in study: Parental care; relative care; and care by nonrelatives (e.g., in-home care, family child care, and center care)

Definition of informal child care: Relative care

Notes/limitations: The determinants of grandmother care cannot be assessed adequately with this data set, given the absence of data on the social and economic characteristics of all grandmothers (not only those who provide child care) as well as their physical proximity to the mother.

* In Illinois, relative care was used by 47 percent of families with three or more children and 37 percent of families with one to two children. In-home care was used by 31 percent of families with three or more children and 19 percent of families with one to two children.

** In Maryland, relative care was used by 16 percent of families with three or more children and 11 percent of families with one to two children. In-home care was used by 23 percent of families with three or more children and 14 percent of families with one to two children.

Relevant findings

- **About half of the children in nonparental care arrangements were cared for by a relative while their mother worked.** Grandmother care was the most common form of relative care. Two-thirds of care provided by a relative was care by the child's grandmother. Grandmother care accounted for 30 percent of all child care arrangements (including parental care), 24 percent of all primary care arrangements, and 7 percent of all secondary arrangements.*
- **Children of unmarried mothers were more likely than children of married mothers to use relative care.** Among children of unmarried mothers who were in a nonparental care arrangement, 51 percent used relative care compared with 46 percent of the children of married mothers.
- **Over one-third of the grandmothers caring for their grandchildren had other employment.** Almost one-third of the grandmothers who were principal caregivers and half of grandmothers who were secondary caregivers reported that they had other employment in addition to caring for their grandchild(ren).
- **Employed caregiving grandmothers were less likely to work nontraditional hours than children's mothers.** Among employed mothers who relied on grandmothers for child care, 26 percent began work between 4 p.m. and 4 a.m. or had rotating shifts compared with 11 percent of employed caregiving grandmothers.
- **Less than half of the grandmothers who provided child care for a grandchild received some type of compensation for their services.** Thirty-one percent of these grandmothers received cash payments, and an additional 12 percent received noncash payments such as meals, transportation, or other services. Employed grandmothers were less likely than nonemployed grandmothers to receive some type of compensation for providing care to their grandchild. More than half of nonemployed grandmothers received either cash or in-kind services in exchange for their child care services compared with just over a quarter of employed grandmothers. Grandmothers who provided care for more hours per week were more likely to receive cash payments for their services. While 50 percent of grandmothers who provided care for a grandchild 40 or more hours per week were paid in cash, cash payment was received by only 13 percent of grandmothers who provided care for less than 20 hours per week. When noncash payments were included, this relationship was not significant at the .05 level.

* There were some cases where different grandmothers were primary and secondary caregivers.

REACH/JOBS Participants "Approved Home" Child Care Survey. (1991). Janet Rosenzweig Smith. State of New Jersey Department of Human Services, Division of Economic Assistance. Janet Rosenzweig Smith, Ph.D., Director, Mercer County Department of Human Services, P.O. Box 8068, Trenton, NJ 08650. (609) 989-6526. (Free).

Subject categories: Family Characteristics; Parental Preferences/Constraints; Provider Characteristics; Quality of Care

Purpose of report: This report explores child care decisions and experiences of parents participating in New Jersey's REACH/JOBS program, a welfare-to-work program that provides child care subsides and other services to help AFDC recipients meet mandated work requirements. Specifically, researchers examined reasons why many participants choose to use "approved child care homes" over other types of child care providers, the extent to which accessibility of different child care arrangements affects that choice, and how satisfied participants utilizing approved home care are with their child care arrangement. This report also describes the attitudes, behaviors, and demographic characteristics of approved home providers and the environments where care is provided.

Study design:

Data sources: Surveys of parents and interviews/observations of providers participating in New Jersey's REACH/JOBS approved home child care program

Year(s) of data collection: 1990

Data collection sites: New Jersey

Sample design: All REACH/JOBS participants with children in approved homes were mailed parents surveys. Also, a stratified random sample of approved child care homes was drawn from a list of all self-arranged providers known to the New Jersey Department of Economic Assistance.

Target group: REACH/JOBS participants using approved child care homes and a sample of approved child care homes

Sample size: 1,155 REACH/JOBS participants and 200 providers

Data collection method: Data for REACH/JOBS participants were collected via mail surveys and data for approved home providers were collected via in-person interviews and observations

Definition of child care: Care provided to all children in the respondent's household who receive primary child care within an approved family child care home

Types of child care included in study: "Approved child care homes," i.e., license-exempt informal child care providers (such as friends, neighbors, or relatives) who have been permitted to care for children subsidized through New Jersey's REACH/JOBS program

Definition of informal child care: Approved child care homes

Notes/limitations: Analyses are limited to sample respondents who completed questionnaires, interviews, and/or observations.

Relevant findings

- **The most common reason cited for choosing an approved home over other child care options was a preference for a provider the family already knew or liked.** Eighty-seven percent of the participants said they wanted someone they knew to care for their children, and 80 percent stated that their family liked the caregiver and so they wanted that person to provide care. When asked whether they would switch to a different child care provider if there were other types of child care arrangements available near them that were affordable and that had openings for their children, only 12 percent said they would opt for a change.
- **Seventy percent of the providers reported that they started caring for these children before the parent enrolled in the REACH program.** Eighty-seven percent reported that there hadn't been a break in child care for these children since they started caring for them.
- **For the vast majority of kith and kin providers, the motivation for providing care was to help out the child's parents.** Eighty-five percent of the providers became an approved home caregiver at the request of the parents, while only 9 percent did this for the money.
- **Only 34 percent of the approved home providers indicated that they were willing to complete all of the requirements for becoming a registered family child care home in the state, even though they were informed that this would result in a higher payment rate.** Three percent said they would be willing to complete some of the requirements, but almost two-thirds said they wouldn't complete any. More than half of the providers were aware that they could receive a higher REACH payment rate if they became a registered family child care provider. Younger providers and renters, as opposed to homeowners, were more likely to agree to comply with all of the registration requirements.
- **Most approved home providers had all the equipment necessary to ensure the health and safety of the children in their care.** Seventy-one percent of the providers possessed all the safety items the state required for regulated family child care providers, including smoke detectors, safety gates, outlet covers, flashlights, first aid kits, and batteries. Most also took the required safety precautions to prepare for emergency situations. Fifty-nine percent of approved homes had complete emergency contact number information for the child(ren)'s parent(s), and 86 percent were able to identify a back-up care provider in the event an emergency took them away from home.

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Child Care and AFDC Recipients in Illinois: Patterns, Problems and Needs. (1991). Gary L. Siegel and L. Anthony Loman. Institute of Applied Research. Distributed by Illinois Department of Public Aid, Child Care and Development Section, 310 South Michigan Avenue, Chicago, IL 60605. (312) 793-3610/Fax (312) 793-4881. (146 pp., Free; *Digest of findings and conclusions,* 36 pp., Free).

Subject categories: Usage and Trends; Family Characteristics; Parental Preferences/Constraints; Child Care Costs; Provider Characteristics; Quality of Care; Impact of Subsidy Policies

Purpose of report: This report examines the child care needs and experiences of single parents with children under age 14 as they tried to enter the workforce and leave the AFDC program in Illinois. A multi-method research project, it involved mail surveys to parents and providers, as well as focus group discussions and key informant interviews.

Study design

Data sources: Parent and provider surveys, focus groups, and key informant interviews about child care used by single-parent AFDC families in Illinois

Year(s) of data collection: 1990

Data collection sites: Illinois

Sample design: *Initial parent survey:* Stratified sample of families meeting study criteria within the Illinois Department of Public Aid client information system database. *Follow-up parent survey:* Sample of parent survey respondents residing in areas with the highest response rates. *Focus groups:* Nonprobability sample of AFDC and former AFDC clients. *Provider survey:* Centers and family child care homes were primarily sampled from licensed provider lists in areas with the highest rates of AFDC participation and from lists of Title XX providers. Other providers were sampled directly from lists of providers being reimbursed for transitional child care.

Target group: *Initial parent survey:* Current and former single-parent AFDC families with children under age 14. *Follow-up parent survey:* Parent survey respondents with the greatest need for child care (i.e., current or former Project Chance participants and parents who were in school, working, or worked sometime in the past). *Focus groups:* AFDC and former AFDC recipients. *Provider survey:* Providers accessible to low-income and AFDC families

Sample size: *Initial parent survey:* 7,168 families. *Follow-up parent survey:* 121 families. Focus groups: 164 parents. *Provider survey:* 1,001 providers

Data collection method: *Parent survey:* Initial mail survey. *Follow-up parent survey:* In-person, in-depth interviews. *Focus groups:* 15 focus group sessions. *Provider survey:* Mail survey

Definition of child care: *Parent surveys:* All child care arrangements used for all children needing care in the respondent's household. *Provider survey:* Care provided for all children in the provider's care

Types of child care included in study: *Parent surveys:* Relative care; in-home

care; family child care (primarily unlicensed); center-based care, and other child care arrangements (e.g., sibling care, self-care, and before- and after-school programs). *Provider survey:* Relatives and other informal providers; family child care homes (primarily licensed); and child care centers

Definition of informal child care: *Parent surveys:* Relative care and in-home care. *Provider survey:* Relatives and other informal providers

Notes/limitations: There were some significant demographic differences between respondents and nonrespondents in the parent survey sample (e.g., parent's age, study group, geographical region). Weights were developed to correct for biases.

Relevant findings

- Most **of the parents who used some form of nonparental child care relied on informal providers for at least part of the week.** Of these 47 percent used relative care, 13 percent used in-home care, and 31 percent used family child care that was primarily unlicensed* on a regular basis. Families with many children were more likely to use lower-cost informal care arrangements. Relative or in-home care was exclusively used by almost half of the families, regardless of the number of children under age 14 in the respondent's household. However, these informal arrangements were used most by families with four children as opposed to one to three (56 percent versus 47 percent). Families with seriously disabled or chronically ill children were more likely to use informal child care arrangements for their children under age six. Children in rural areas were more likely to use relative and in-home care than children in more urbanized parts of the state.
- **Although most families used informal child care, over half indicated a preference for a formal child care arrangement.** Parents who preferred informal care with relatives or in-home care providers most often referred to the safety of their children and their comfort in a familiar environment. Safety was important to most parents, regardless of their preferred child care type, but definitions of safety varied.
- **A majority of parents expressed a concern for quality care, but their perceptions of quality varied.** Quality care most often referred to care that was nurturing and attentive to their children, but parents who preferred center care often emphasized their desire for educational and social development opportunities.
- **More than half of the parents interviewed said that it was important that their children be taken care of by a provider licensed by the state.** Many of those who were currently using relatives said that, if they had to use nonacquaintances, they would want them to be licensed.

* Although information on licensing was not obtained from the surveys mailed to parents, data obtained through interviews and focus groups suggested that the bulk of family care homes were not licensed. These providers were often referred to by respondents as "sitters" or "friends." The authors' conservative estimate was that less than a fourth of the family child care homes were licensed.

- **Most of the families who expressed a preference for formal child care were not using this type of care.** Only 28 percent of the families who preferred a center or nursery school and 22 percent of the families who preferred a before/after school program were using one or both of those arrangements full time. By comparison, more than half of those who said they wanted child care in their own home and 74 percent who preferred child care in a relative's home were using one or both of those arrangements full time. Half of the families who preferred licensed family child care homes were using a family child care home.
- **The cost of care was the most frequently cited constraint that led many parents to rely on informal care, often provided by relatives.** Over half of the families using each type of care reported affordability problems, but those using the least expensive arrangements most often cited cost as a problem.
- **Long waiting lists and an overall shortage in the supply of child care center slots encouraged many parents to turn to relatives and other informal providers for child care assistance.** Over half of all parents surveyed (52 percent) reported having trouble finding care without a long wait for an opening.
- **Many families reported difficulties in finding formal child care facilities within a reasonable distance from their home.** During follow-up interviews and focus group discussions with parents, transportation was often cited as an obstacle to using formal care, and some families said they chose to use an informal provider to save on transportation costs.
- **The lack of child care centers offering care during nontraditional hours generated an increased demand for informal child care arrangements.** Half of the parents who worked had jobs that required at least some work during evenings and on weekends, and 64 percent reported trouble finding child care during these nontraditional hours. Few of the child care centers surveyed for this study were open after 6 p.m. or on weekends, and most were reluctant, if not unwilling, to accept children on an intermittent and changing basis; over half of the informal providers offered evening and/or weekend care. Informal providers were the most likely to offer care during weekend and evening hours and to provide care when children were sick.
- **Families who did not receive subsidies through Project Chance or Transitional Child Care Assistance were more likely to use informal arrangements than families who did.** Families receiving child care subsidies through Project Chance were significantly less likely than families not receiving subsidies to use informal child care arrangements. Among families where the parent attended school, 36 percent of Project Chance families relied exclusively on relative or in-home care, compared to 55 percent of families who did not receive any child care subsidies. Twenty-eight percent of the Project Chance participants solely relied on formal child care facilities, compared to 14 percent of families who did not receive any subsidies. Among families where the parent worked and did not receive AFDC, 34

percent of Transitional Child Care Assistance participants relied exclusively on relative or in-home care, compared to 51 percent of similar families who did not receive any child care subsidies.

- **Many informal providers cared for only one child, but 34 percent frequently had children of their own who required care.** Including their own children, informal providers cared for about 2.5 children each. Forty-two percent of the children cared for by informal providers were of school-age; 30 percent were preschool-age; and 29 percent were infants or toddlers.

Statistics in Brief: Child Care and Early Education Program Participation of Infants, Toddlers, and Preschoolers. (1996). Jerry West, Dee Ann Wright, and Elvie Germino Hausken. National Center for Educational Statistics, U.S. Department of Education, ED Pubs, P.O. Box 1398, Jessup, MD 20794-1398. (877) 4ED-PUBS/Fax (301) 470-1244. (10 pp.; Report No. NCES 95-824, Free).

Subject categories: Usage and Trends; Family Characteristics; Parental Preferences/Constraints

Purpose of report: This report contains information on the care and educational experiences of young children who have yet to enter kindergarten. It describes their participation in a variety of early care and education settings, including home-based and center-based arrangements. It also examines characteristics of children and their families that have been found to be related to children's participation rates.

Study design:

Data sources: Sub-sample of the 1995 National Household Education Survey (NHES), Early Childhood Program Participation Component

Year(s) of data collection: 1995

Data collection sites: National sample of U.S. households

Sample design: Random digit-dial sample of households within the data collection sites. Children enrolled in transitional kindergarten, kindergarten and pre-first grade were assigned a higher probability of selection.

Data collection method: Computer-assisted telephone interviews

Target group: Families with at least one child under age six who was not yet enrolled in kindergarten

Sample size: 7,557 households

Definition of child care: All care provided for up to 2 children in the respondent's household. No consideration is given to the number of hours a child spends in one setting as compared to others.

Types of child care included in study: Parental care; relative care; in-home care; family child care; and center-based care

Definition of informal child care: Relative care and in-home care

Relevant findings:

- **Among families using nonparental child care arrangements, 42 percent**

relied on informal providers on a regular basis for at least part of the week. Thirty-five percent of the children used relative care, while 7 percent used in-home care.

- **Among those using nonparental child care arrangements, younger children were more likely than older children to be in relative care, while older children were more likely to be in center care.** Fifty-three percent of children under age one were in relative care; this percentage declined progressively as the children aged, with only 18 percent of five-year-olds in relative care. Younger children were also more likely than older children to use a family child care home, although the differences were smaller; family child care usage declined from 31 percent before age one to 1 percent at age five. In comparison, while only 16 percent of infants used center care, 89 percent of five-year-olds used this formal child care arrangement.
- **Among mothers using nonparental child care arrangements, those with more education were less likely to place their birth to five-year-old children in the care of a relative while they worked, but more likely to rely on an in-home care provider.** The mothers of 29 percent of the children in relative care had attended at least some college, while the mothers of 44 percent of the children had not gone to school beyond high school.
- **Among families using nonparental child care arrangements, those with lower household income were more likely to use relative care.** Forty-four percent of children living in households earning $10,000 or less used relative care, compared with only 18 percent of families making more than $75,000.
- **Among families using nonparental child care arrangements, blacks and Hispanics relied more heavily on relatives for child care than whites.** Forty-eight percent of black and Hispanic children used relative care compared with only 29 percent of white children.

Raised in East Urban: Child Care Changes in a Working Class Community. (1991). Caroline Zinsser. Teachers College Press of Columbia University, 1234 Amsterdam Avenue, New York, NY 10027. Distributed by American International Distribution Corporation, 64 Depot Road, Colchester, VT 05446. (800) 222-8333. (188 pp.; $17.95 + p/h).

Subject categories: Usage and Trends; Family Characteristics; Parental Preferences/Constraints; Child Care Costs; Provider Characteristics; Quality of Care

Purpose of report: Through findings from an ethnographic case study, this report presents a detailed picture of how families in a small, ethnically diverse urban area balance family life with employment. It includes information on parental expectations about child care and the types of arrangements used, as well as parental satisfaction with these arrangements and information regarding the arrangements themselves.

Study design

Data sources: Ethnographic case study

Year(s) of data collection: Not given

Data collection sites: A small, ethnically diverse city in the Northeast—East Urban—with well-established neighborhoods, that was experiencing changes due to economic and social forces, such as the movement of major employers out of the city and gentrification

Sample design: Nonprobability sample of child care users and providers in an urban working class community

Target group: Primarily white, working, and lower-middle class families and child care providers residing within the city

Sample size: 18 parents, 14 providers, and one community representative

Data collection method: 50 in-person, qualitative interviews and conversations with families and providers conducted over a seven-month period

Definition of child care: All child care arrangements made for all children while one or both parents are working

Types of child care included in study: Care by family and relatives; babysitters (i.e., in-home care and unregulated family child care), and child care centers

Definition of informal child care: Care by family and relatives; in-home care providers; and family child care homes

Notes/limitations: Ethnographic case study of a small nonprobability sample of families and providers in one urban community. Sample was not meant to statistically represent any one segment of the U.S. population.

Relevant findings

- **In general, families' child care preferences were shaped by deeply held traditional family values, but changes in economic circumstances also played a role.** Most of these families viewed maternal care as the ideal child care arrangement for their children. When mothers were employed outside the home, they generally tried to make arrangements that came closest to this ideal, choosing providers who provided care in a home setting and who were similar to themselves, provided continuity in child rearing, and reinforced their own value system. Younger mothers were more likely than their mothers to work and use nonparental care.
- **The scarcity of child care centers left many families with no alternative except an informal child care arrangement: there were only five centers—two fairly expensive privately funded centers, and three publicly funded centers with waiting lists of 50–100 families.** In addition, the social stigma of public assistance and the cost of child care centers prevented many working-class families from enrolling their children in a center.
- **The cost of child care was greatest for those families who earned incomes in the middle- or lower-middle range.** Families in this income bracket earned too much to be eligible for child care subsidies, but found it difficult to afford private center care. These families often turned to infor-

mal care providers, but were unable to benefit from the tax policies designed to help working parents because they didn't report their child care expenses; reporting these expenses would have risked identification of the informal providers who were not reporting their child care income on their tax forms. Families who earned high-end salaries were able to afford child care with or without the child care tax credit.

- **Informal providers generally viewed the child care they provided as a familial or social service rather than a business.** Both relatives and nonrelatives viewed their employers as family. For informal providers, child care was simply an extension of their own familial responsibilities and domestic talents. Informal providers had mixed feelings towards the mothers they worked for, especially toward those mothers who appeared to them to work by choice rather than necessity. While providers viewed staying at home with young children as ideal and self-fulfilling behavior for young mothers, their upper-middle-class employers regarded combining motherhood with a career as self-fulfilling.
- **Most informal providers did not report their earnings as income to be taxed.** Most of the informal providers interviewed were paid in cash, and none had ever provided their employer(s) with a social security number. Many felt that, because their overall earnings were so low, they could not pay the taxes they would incur by reporting their income. Neglecting to report this income made them ineligible for government-supported benefits such as social security and federal unemployment insurance, but this simply reinforced their views that this work was different from regular employment. In addition, informal child care providers did not receive standard benefits from their employment. None of the informal child care providers received health insurance from their employers, and most didn't receive payment when the child was on vacation or when they were on vacation or out sick.
- **Economic factors generally determined the number of children cared for by informal providers.** To ensure that their children received more individual attention from their caregiver, many higher-income families were willing and able to pay larger sums of money to ensure that their child care provider did not care for very many children at once; some paid for exclusive care within their own homes (i.e., nannies). Providers caring for lower-income families generally charged less for their services, but had to compensate for this by caring for a greater number of children. Few informal providers cared for an illegally large number of children. Most of the informal providers cared for only a few children, and those caring for larger numbers, usually provided care on staggered schedules, which kept them within the legal limits of no more than five children.
- **Informal child care providers emphasized physical care and keeping children safe and healthy over opportunities for educational or social development.** These providers were much less likely than child care centers to care for children with special needs and tended to offer activities such as

eating, napping, watching television, or playing with games and toys; outdoor activities often included trips to the park and nearby stores. Overall, there was little creative or expressive play, and little emphasis was placed on activities that promoted literacy.

- **Informal providers were better able to accommodate parents' nontraditional work schedules and were more likely than centers to provide care for infants and toddlers.**
- **Informal family child care providers reported that they had very little discussion with parents about their children's day once the initial period of employment was past.** Aside from reporting on illnesses or small accidents, communication between caregivers and parents appeared to revolve around a narrow spectrum of reporting how children ate and slept and whether they were "good." These reports served to reassure parents that the provider had been attentive to their children, not to describe children's development and activities.

Appendix A: Glossary

Child Care Definitions

Child care provider

The person or group who provides the primary source of care for a child while the mother is engaged in work or school activities. This does not include secondary forms of care used to supplement the primary care arrangement or care provided during emergencies or for short periods of time when the mother is not working (e.g., to allow the mother to run an errand or go out for entertainment).

Supplemental child care

A secondary form of care used to supplement the child's primary child care arrangement. An example may include having the child's grandmother care for the child after Head Start classes end. Although many families must rely on multiple child care arrangements to cover the hours when the mother is working, most studies only report on primary child care arrangements and exclude supplemental care.

Categories of child care

This report focuses on families who use some type of nonparental child care on a regular basis. Where studies include parental care (i.e., care provided by the child's mother or father), these data were extracted from the statistics. If a report lacked sufficient information to reanalyze the data solely on non-parental arrangements, it is noted in the abstract. For school-age children, we tracked child care arrangements provided before and after school hours. If a study indicated that it included time spent in school as a type of child care arrangement (e.g., categorized under organized child care facility or other type of provider), this is indicated in the individual abstract.

Informal child care

For this report, informal child care may include care provided by relatives, in-home care providers, and unregulated family child care homes. Where possible, differences in these three types of care are indicated in the abstracts. Abstracts may include findings on only one or two types of informal child care and, thus, definitions of informal child care may vary. Each abstract includes the definition of informal child care used in that individual study.

Relative care

Care provided by extended family members (e.g., grandparents, aunts, and uncles) or "kin" either within the child's home or within the relative's home. Although this type of care may be regulated, this is rarely the case. Unless indicated, all care provided by extended family members is included in this report's definition of "informal child care."

Sibling care

Depending on the report, cases where a child is cared for by an older sibling may be included under "relative care," categorized with parents under care by immediate family members, or included under "other" forms of child care. If this information was given, it is reported in the individual abstracts.

In-home care

Care by nonrelatives who provide care in the child's home (e.g., nannies, *au pairs*, and babysitters) during the hours in which the mother works. Note that in-home providers may bring their own children along; they may also be shared by two families. Care provided in the provider's home, however, is considered family child care. In-home care is rarely regulated and, unless indicated, all in-home care arrangements in this report are considered informal.

Family Child Care Home

A private home, which is not the child's, where an adult cares for children on a regular basis. In most cases, the care is provided by nonrelatives; unless indicated, all relative providers are categorized under relative care. Family child care can be regulated or unregulated. Regulated providers are those who have become regulated by their state's child care licensing system. Where possible, data on regulated versus unregulated family child care homes are separated. Where regulatory status is not indicated, all family child care homes are considered regulated family child care homes, and thus "formal" providers.

Care by Kith

Care provided by a friend or neighbor of the child's parents. Where regulatory status and location of services is indicated, these providers are categorized under either regulated or unregulated family child care or in-home care. Otherwise, "kith" providers are considered unregulated family child care homes.

Organized Child Care Facility

Established center-based programs where children are cared for in a group away from their homes for all or part of the day. There are many different kinds of center-based care, including nursery schools and preschools. Although there are some exceptions, most center-based child care facilities are regulated and, unless indicated, all center-based care in this report are considered formal child care settings.

Self-care

This refers to cases where a child cares for him/herself. Where this type of care was included in a study sample, it was generally grouped with other types of care, making it difficult to either include it as a type of informal child care or exclude it from the sample being analyzed. Most reports did not indicate which type of care self-care was categorized under. However, unless indicated, this type of care falls under the category of "other type of provider."

Program/Data Source Definitions

AFDC—Aid to Families with Dependent Children

The former welfare program established by the Social Security Act of 1935 that was replaced in 1996 by the Personal Responsibility and Work Opportunity Reconciliation Act. AFDC provided a cash grant to eligible children who had been deprived of parental support or care because their mother and/or father was either continuously absent from the home, incapacitated, unemployed, or deceased. Some two-parent households also received benefits. Individual states defined need, set benefit levels, established income and resource limits within federal guidelines, and supervised program administration.

CCR&R—Child Care Resource & Referral Agencies

Local and statewide independent agencies that provide guidance and referrals for parents seeking child care, maintain data sets that describe the supply of care in their communities, and provide training and support to child care providers. Some agencies also administer federal child care subsidies.

CWEP—Community Work Experience Program

A work activity for parents or other caretaker relatives age 18 and older administered by individual states. CWEP sponsors are federal, local, state, and nonprofit agencies. Eligible clients are assisted in finding agencies in which to participate. (Participating hours are determined by the amount of food stamps and cash assistance received, divided by the federal minimum wage, but may not exceed 40 hours per week or 12 consecutive months.)

Food Stamps

Federal program that provides coupons to eligible low-income families with which to buy food supplies. To qualify, a family must have a gross income at or below 130 percent of the poverty level and a net income at or below the poverty level.

GA—General Assistance

A state-funded cash assistance program that provided benefits to nonelderly impoverished adults without dependent children.

National Child Care Consumer Study

A survey of the nation's children age 13 or younger and their child care arrangements, sponsored by the Office of Child Development, U.S. Department of Health and Human Services, Youth Development and Delinquency Prevention Administration of the Children's Bureau in 1975. The survey employed a strict definition of the term "day care center" and excluded arrangements where children were in day care centers part of the day and in family day care for the remainder.

NCCS—National Child Care Survey

A nationally representative sample of U.S. families with children under age 13 that were interviewed by telephone in 1990, the NCCS was co-funded by the National Association for the Education of Young Children and the Head Start Bureau of the Administration for Children, Youth, and Families of the U.S. Department of Health and Human Services. It was designed to provide scientifically valid, reliable, and useful information on current use of child care and early childhood programs. Questions covered primary child care arrangement, parental expenditures for child care, searching for and selecting child care, parental perceptions of care, previous care arrangements, employers and child care, and parents' opinions of federal child care policy.

NHES—National Household Education Survey

A data collection system of the National Center for Education Statistics since 1991, NHES provides descriptive data on the educational activities of the U.S. population by conducting repeated measurements of the same phenomena. Survey topics include: adult education and lifelong learning, civic involvement, early childhood education and school readiness, household library use, parent involvement in education, school safety, and discipline. Early childhood education and school readiness was a particular topic for data collection in 1995. The spring 2001 NHES will include early childhood program participation and before- and after-school programs and activities, a new survey.

NLSY—National Longitudinal Survey of Youth

A part of a series of surveys exploring the labor market experiences of several population groups facing employment problems of particular concern to policymakers sponsored by the U.S. Departments of Labor and Defense and various National Institutes of Health, the NLSY samples approximately 5,800 females and an equal number of males, ages 14-21. Blacks, Hispanics, and disadvantaged youth are oversampled to facilitate analysis of youth in these groups. Questions focus on school-to-work transition, occupational choice, earnings, adaptation to the world of work, employment, work-family issues, substance use, illegal activities, family planning, child care, and maternal and child health.

NSAF—National Survey of America's Families

NSAF offers a comprehensive look at the well-being of adults and children in 13 states: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. It is representative of the noninstitutionalized, civilian population of persons under age 65 in the nation as a whole and in these states. The findings represent a wide range of fiscal capacity, child well-being, and government policies. Initial results are available as Snapshots of America's Families. Westat conducts the survey, under subcontract with the Urban Institute; Child Trends designed the ways of measuring changes in child well-being.

NSFH—National Survey of Families & Households

A national cross-sectional survey with over 13,000 respondents, the NSFH was funded by the Center for Population Research of the National Institute of Child Health and Human Development and conducted by the University of Wisconsin from 1987 to 1989. Questions covered demographic data, psychological well-being, satisfaction with work, marriage, and parenthood, health, access to and receipt of social services, and alcohol and drug abuse.

SIPP—Survey of Income & Program Participation

Conducted by the U.S. Census Bureau, SIPP provides demographic and economic information on the status of individuals and families in the U.S. to give a better understanding of the distribution of wealth, income, and poverty, and of the effects of federal and state programs on the well-being of individuals and families. Over 12,000 participating households are interviewed once every four months over a two and a half year period; individuals are followed even if they leave the household. Topics include employment, child care, child support, health status, fertility, and public assistance receipt.

TANF—Temporary Assistance to Needy Families

The block grant to the states mandating work or education and training activities for welfare recipients created by the Personal Responsibility and Work Opportunity Reconciliation Act in 1996 to replace AFDC, Emergency Assistance, GA, and JOBS programs. Under TANF, cash benefits are limited to five years over a lifetime and violation of program rules set by states can result in sanctions and terminations. TANF was one of two block grants created by P.L. 103-1903 and eliminates the federal entitlement to welfare benefits for needy families.

WIC—Special Supplemental Food Program for Women, Infants, and Children

Provides nutritional screening and food assistance to low-income pregnant and postpartum women and their infants and children up to age five. Participants have incomes at or below 185 percent of the federal poverty line and are nutritionally at risk.

WIN

Work Incentive (WIN) programs for AFDC recipients supervised by the U.S. Department of Labor until 1988 when state welfare agencies began their Job Opportunities and Basic Skills (JOBS) programs. Both programs were superseded by TANF in 1996.

Appendix B: Methodology

When comparing usage data from these various data sets it is important to keep in mind that, in addition to differences in geographical locations and data collection time points, varying target populations (e.g., low-income, young mothers, employed mothers, AFDC mothers, etc.) and other methodological differences may have influenced their results. So that differences between research studies could be reviewed, the abstracts in this report include information on study design. Following is a list of some methodological differences that are worth considering. Please note that we are not saying that these methodological decisions are wrong; they may still yield important findings, but they should be considered when comparing these data to data collected in other reports.

- Although most reports focus on the primary child care arrangement of one focal child in the respondent's household, this was not always the case. For some studies, such as the NHES, information was collected on all child care arrangements used by up to two children in each household. No consideration was given to the number of hours a child spent in one setting as compared to others; since a child may have been counted under several care arrangements if time was spent in more than one setting on a regular basis, the percentages summed to over 100 percent. The definition of child care used by each report is included in the study design section of each abstracts.
- Some categories of child care vary in definition from one report to the next. For this report, attempts were made to categorize all types of care into six groups: relative care, in-home care, unregulated family child care, regulated family child care, center care, and other care arrangements. However, data presented in these reports did not always make this possible. Most importantly, few reports broke down family child care by regulatory status, and, thus, this group was generally combined. Also, some reports did not include an "other" care category, choosing instead to fit all types of care within four main child care types. Reports that did include an "other" care category did not always use the same definition. Other care usually included lessons, sports, and clubs, but, in some reports, self-care, sibling care, and/or before- and after-school programs were also included in this category; in other reports, these forms of care were merged within other categories (e.g., sibling care may have been added to relative care, and before- and after-school programs may have been included with center-based care). Where possible, these types of care were recategorized to maintain standardized definitions, although, for many reports, this was not possible. All abstracts include a list of types of care considered in the report

being summarized and, where the report suggests that definitions of care types vary from those mentioned in the glossary of this report, footnotes were added.

- Definitions of informal care vary from one report to the next. Most reports included both relative and in-home care. However, few reports made it possible to separate nonregulated family child care from regulated family child care, and, thus, family child care was generally not considered part of the informal care universe. Other reports, such as Folk (1994), grouped all nonrelative care together, considering both in-home care and all family child care homes formal "market" care.
- Although, as mentioned, attempts were made to exclude parental care from the denominator of all usage statistics, it was not always possible to do this based solely on the data presented in the summarized reports.
- Differences in the states where data were collected should also be considered, given that states' definitions of regulation requirements and licensure exemptions often vary. Also, some states further classify unlicensed homes with such titles as "certified," "registered" or "approved."
- Age group definitions were not always consistent. For example, while most reports that targeted children who had not yet entered school limited their sample to children under age five, the NHES sampled all children under age six who had not yet entered school. Also, some studies that included samples of school-age children sampled all children under age 14 while others sampled children under age 15.
- Most reports that included data on school-age children limited child care arrangements to those provided before and after school hours. However, some included time spent in school as a type of child care arrangement (e.g., categorized under organized child care facility or other type of provider). Where this occurred, it is indicated in the report abstract.
- As always, variations in sample design, mode of data collection, and unit of analysis should also be considered.

Appendix C: Additional Resources

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